The Canadian Nurse

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The Canadian Nurse

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RESEARCH IN NURSING

EILEEN C. FLANAGAN, Montreal

It is generally recognized that if knowledge is to be advanced or progress made in any profession, time, thought and energy must be devoted to the study of the special problems in that field, unhampered by the immediate tasks which have to be performed.

A Generous Gift

In medicine, wonderful strides have been made because there have been many qualified workers giving part or all of their time to research. In nursing there are few, if any, who can afford the time, nor are the resources usually available, for the study of special problems. The McGill School for Graduate Nurses was therefore both fortunate and proud to receive from Dr. Charles F. Martin, Dean of the Medical School of McGill University, a Fellowship to be used for a research project in nursing. This fellowship was awarded to Miss Eileen C. Flanagan, a graduate of the School, and a member of the teaching staff of the School of Nursing of the Royal Victoria Hospital, Montreal.

The Nature of the Project

A plan was outlined by Miss Bertha Harmer, Director of the School for Graduate Nurses, for a study to be made in the medical wards of the Royal Victoria Hospital, and the hearty co-operation and interest of the School of Nursing of the Royal Victoria Hospital made it possible to carry this plan into effect. The specific aims of the study are to investigate:

The needs of the patients from the nursing standpoint.

The nursing knowledge and skill necessary to best meet these needs.

The best methods of teaching the students.

The administrative aspects of the nursing and educational programme.

The general aim is to insure a better understanding and nursing of patients, to build up the clinical courses of study, and to develop the best methods of clinical teaching.

The Organization of the Study

It was decided, for the purposes of the preliminary study, to use the general medical wards, male and female. Obviously the first thing to be done was to find out what types of patients, what diseases, what nursing procedures, nursing problems, and medical orders would

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be met with in this service, and therefore the following investigations were carried on:

1. A list was prepared of all patients, and a classification was made according to sex, length of stay in hospital, type of disease, and ward turnover, daily, monthly, and yearly.

2. A daily, monthly and yearly list was prepared of all procedures in both men's and women's wards.

3. A comparison of types of diseases was made as between men and women, monthly and yearly.

DR. CHARLES F. MARTIN

4. Major routine procedures were timed.

5. Nursing hours (day and night) per patient, were estimated.

6. The average stay of nurses on wards was noted.

7. An analysis of one hundred case reports and charts was made.

8. The results of an experiment with group nursing were analyzed.

9. Experiments with various types of eight-hour day schedules were undertaken.

Method of Study.

The lists of patients admitted to the general medical wards were obtained for the whole of one year. The ward admission books were used for collecting this information, which also gave the length of stay and the turn-over. The types of diseases were obtained from the case reports turned in when patients were discharged. The procedures were more difficult to obtain. These were collected by noting each order written in the ward order books, by going through the ward reports, and from the charts. This was done each morning and evening, for the period of one year on each ward. The comparison of types of diseases found on the men's and women's wards was made, at the end of the year, from the material assembled in the manner described above.

The timing of routine work and procedures was carried out partly by the investigator and partly by the head nurses and student nurses on the wards. The procedures selected for timing were the ones accounting for the greater part of the routine work on the wards. These were timed for a period of three months. Bed baths, admission of patients, meals, temperatures, medicines and doctor's rounds, were some of the items included. Sheets were posted weekly for the timing of procedures carried out by the student nurses, and it was found that by eliminating the first week, a fairly uniform result was obtained. The nursing hours were obtained from the "Time off Duty" slips. The duration of the nurses' stay on the wards was taken from the day book in the training school office.

The analysis of one hundred case reports and charts was done in order to find out what medication and treatment was ordered for the specific diseases; also to find out what these patients complained of, what the result of the treatment seemed to be, and if possible what difficulties, if any, were met with in each case. As far as possible the findings of the social service reports were added to these.

The experiment with group nursing was carried on for three months on the men's medical ward. The student nurses selected were in their third year. They were, at the same time, having their lectures in medicine and medical nursing. As complete a correlation as possible of classes, ward clinics, case studies and assignment of patients, was maintained.

McGILL SCHOOL FOR GRADUATE NURSES

The eight-hour day schedules were worked out to suit a ward of thirty-one patients, having a staff of six student nurses on day duty, two on night duty, and one graduate nurse on day duty. Each nurse was given a day off-duty each week.

Present Status of Study

The above, then, is the material gathered together in the course of the two-year study, and at present this is being collected and organized in the hope of making it practically useful in the arrangement and content of the course in medicine and medical nursing. Some preliminary observations are here set down, but more time and thought must be spent on the material and a more complete analysis must be made before any definite findings are published.

Evaluation of Clinical Experience

The seasonal diseases, and the shorter length of stay of patients in the wards, owing partly to the increased demand for beds, and partly to quicker methods of investigation and more effective treatment, makes it evident that the student nurses' time on the medical wards must be very carefully planned if she is to get an adequate idea of nursing medical diseases.

Opportunity for Acquiring Skills

It was found that many procedures and treatments which have, in the past, been frequently ordered and carried out in the medical wards are now rarely ordered. It would seem that a survey of the other services will have to be carried out to see whether or not any of these procedures are being ordered with any frequency. If not, it would seem that more time for demonstration and practice in the classroom will be necessary if the nurses are to be really proficient in them. Some of these procedures, while not being used in hospital, are still widely used in private nursing in the community.

Relative Value of Services

The comparison of diseases was found to be according to generally accepted findings; the men's wards having many more gastric, neurological and pneumonia patients, while the women's wards had a larger number of thyroid patients. The other diseases were fairly uniform. This indicates, of course, that the student nurse's time must be arranged accordingly if she is to get an adequate idea of these diseases.

Pressure of Routine Work

It was found from the procedures and work timed on the wards, that, for a ward of thirty patients with a day staff of five student nurses, with one graduate, and a night staff of two student nurses, when all the routine work was carried out, there was practically no time left for emergencies or extra nursing of very sick patients. Each extra item had to be deducted from the minimum time allowed.

The Time Factor

The nursing hours per day and night per patient amounted to 2.1 hours. This was the total amount of time in 24 hours available for each patient. Each very ill patient, and any emergency, of course, cut down the time for the other patients.

Duration of Assignments

The average stay of the nurses on the wards was three and a half weeks, including the night nurses. This, of course, was not their total experience on these wards, as they are assigned two or three times during their course of three years.

The Nature of Treatment

The analysis of the hundred case reports and charts was very helpful in showing just exactly what medication and treatment was being ordered in relation to each specific disease, as against much that is traditionally taught in text books.

Experiment in Group Nursing

The group nursing experiment was very encouraging. The student nurses who took part in it were very enthusiastic and interested; the patients liked it and discussed it among themselves; the doctors thought it an ideal arrangement. The nurses who took part turned in excellent examination papers in medical nursing, good case studies, and from observation, their practical application was good.

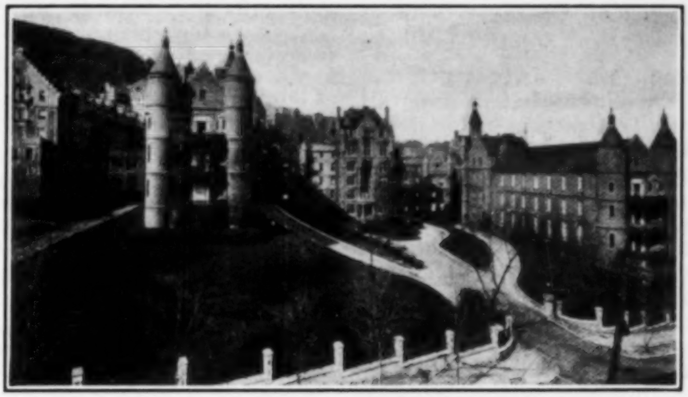
It was found to take at least two more nurses on the ward, and to require more planning and supervision on the part of the head nurse and medical supervisor.

The Eight-hour Day

The eight-hour day schedules were found to require two more nurses on the ward, that is six. A day off-duty each week was given each nurse, and the other days were arranged alternately in straight eight-hour shifts and in divided shifts. The nurses found the straight eight-hour day more fatiguing if kept up continuously.

Points of Especial Interest

Perhaps the most interesting fact brought to light was that there has been a great change in the nursing procedures one has been taught to expect on the medical wards. This change was not only in the variety of procedures but also in the frequency of performance of many of them.



The Royal Victoria Hospital, Montreal

Hot and cold packs, cupping, abdominal paracentesis, and others were so rarely ordered that many nurses would never see them carried out at all. On the other hand, the administration or oxygen, CO^2, the preparation for lumbar punctures, pneumothorax, nasal feedings, metabolic and chemical tests of all kinds have increased enormously.

The fact that the patient's stay is shorter means that it is rare for the nurses to get much experience in convalescent care. The fact that so much of the time consumed in the newer investigations consists of the care and preparation of mechanical equipment means that the nurse has less time to actually be with the patient.

It may be that with quicker methods of investigation, and frequently the earlier application of specific treatments, the patients are not as ill and do not require as much nursing attention as formerly.

The main difficulty in the study was the timing of procedures. It would require a great deal more time than was available for the one investigator to accurately time all the work done. The head nurses and the student nurses helped a great deal in this part of the work. It was not thought necessary to adopt stop watch methods nor to time every item of the day's work, as this was not the prime motive of the study, but a very good idea of the time spent on the major procedures and routine work of the ward was obtained.

It would appear from the results so far observed, that the course in medical nursing and in medical teaching will need considerable thought spent on it in order to be sure that the nurses are receiving all the ward experience and practice in medical procedures that they should have. It may be that many procedures which are credited to the medical service may be found frequently ordered in other services. This will have to be ascertained and this factor taken into consideration.

Next Steps

When the study had reached this point it was felt that in order to present a true picture of the available material for teaching medical nursing, a similar study should be made of the medical out-patient department, of the special metabolism ward, and of the private ward material. It is hoped, during the coming year, to add this to the present study, and in the meantime the available findings will be used as far as possible in the arrangement of teaching medical nursing.

This, then, is a brief account of the investigations so far carried out. It is merely the ground work, and much remains to be done in evaluating and analysing the facts collected.

An Appreciation

The charming luncheon offered by the Canadian delegates to the International Congress, at the Hotel Cecilia, in Paris, on July 7, was a delightful reunion. The guests sat at round tables, an arrangement which always makes for informality. Miss Jean I. Gunn, Miss Emory, Miss M. Lindeburgh, Miss Isabel MacIntosh and Miss A. E. Wells formed a bevy of hostesses who made us as welcome as could be. We realized the strength of the Canadian group, in service of the International. Everything was charmingly French—delicious food and perfect service. In such surroundings the time flits far too fast, and when we saw the President rise, and thus notify time was up, we all (reluctantly) obeyed the signal, and returned to duty at the Salle Pleyel like lambs!

The British Journal of Nursing.

The Medals

The gracious action of His Excellency the French Minister of Public Health in awarding medals to nurses who have rendered service of outstanding value is very much appreciated by the profession at large.

A complete list of those so distinguished follows:

Silver Medal

To Mrs. Bedford Fenwick, Founder of the International Council of Nurses, and promoter of Public Health.

To Dean Annie Goodrich, of Yale University School of Nursing, U.S.A., Hon. President of the I.C.N. Nursing Education.

To Miss Jean I. Gunn, Superintendent of Nurses, Toronto General Hospital, Canada, retiring second vice-president of the I.C.N.

To Mlle. Hellemans, President of the National Federation of Belgian Nurses (presented in Brussels).

To Miss E. M. Musson, Treasurer I.C.N., Chairman, General Nursing Council for England and Wales.

Bronze Medal

To Miss A. Lloyd Still, New President, I.C.N., Head of the Nightingale Training School for Nurses.

To Miss Take Hagiwara, President, the Nurses Association of Japan.

To Mlle. Mechelynck, Vice-President, National Federation of Belgian Nurses (presented in Belgium).

To Soeur Allard, of the Hôtel-Dieu, Montreal, Canadian delegate for the French Provinces.

UNIFORMS AND STEREOTYPED MINDS

H. B. ATLEE, M.D., Professor of Gynecology and Obstetrics, Dalhousie University, Halifax, Nova Scotia.

Unless I am mistaken it was Florence Nightingale who first designed nurses' uniforms. We have a lot to thank that autocratic Victorian lady for, but surely the time has come when hospital authorities might with benefit cease being stereotype-minded in this regard and give the nurse a new esthetic deal. For certainly the uniform insisted on by many hospitals for their undergraduate nurses is long overdue in a museum. The time has arrived when these poor girls should be allowed to dress with some regard to utility and beauty. It is my thesis that nurses' uniforms, for the most part, as I have seen them in my travels, are designed for neither.

View them and weep—for loveliness encased in horror, for discomfort starched up to make a matron's holiday! There is exteriorly the puffy apron, and the starched, braced bib. There are the starched, awkward cuffs, without which no nurse dare appear on parade. There is the senseless cap, caught to the back of the head precariously—such as the housemaid wears, in pretentious homes, as a badge and sign of servitude. And beneath this, the dress, made of thick twill, and often of the color that grandmother used as ticking for her feather beds—a tight, ill-fitting, hideous garment that hides all comeliness and answers no utilitarian end. Against these I rail—as a pitying surgeon, as an esthete.

What purposes should a nurse's uniform serve? I agree that nurses should wear uniforms and that they should be designated in the wards, by virtue of their costume, in such a fashion that none could mistake their calling. But beyond that, what functions should such uniforms serve? First of all, a nurse's uniform should be so designed as to be a help and not a hindrance in her work. It should be of a material that will show dirt at once and be easily laundered. It should have graceful lines and tend to improve rather than hide the natural figure.

Let us take these one by one: utility, cleanliness and beauty. Let us see what happens to the girl who wears the uniform here illustrated when she gets down to work.

Utility

Much of a nurse's work consists of cleaning. For that purpose her hands and forearms require to be bare. Wearing the present archaic uniform, a nurse must remove her cuffs, leave them lying somewhere about the hospital, unbutton several buttons and roll up her sleeves. If she is working in the operating room, she has to remove the cap, the apron and the bib, put on a gown over a twill horror beneath, and carefully wrap her hair in some sort of covering. In other words, whether in ward or operating room, the uniform has to be tampered with before a nurse can get down to business. Why not, then, design a uniform that requires no such manipulation? Why not a uniform with short sleeves to the elbow? Why stiff cuffs at all, and why a bib and apron that only seem to serve the purpose of keeping the twill horror clean?

Cleanliness

The material should show dirt at once and be easily laundered. That means white. So whatever uniform is adopted it has got to be a white one. If it is going to be easily (which includes cheaply) laundered, it should be in one piece—not three, like the 1850 model of my illustration. It should be of fairly light material also. Its lines should be simple and moulded lightly to the figure and without frills or furbelows that will impede laundering, or aid the launderer in ruining it.

Beauty

It should follow the natural lines of the body, but not so closely that it is tight anywhere to discomfort. Surely if it has become necessary that automobile builders make their automobiles with graceful lines — a nurse might have a stream-lined, graceful tonneau. No one, searching his or her heart, will deny that one feels at one's best when one is conscious of looking attractive. This, I understand, is a very definite part of feminine psychology—it is in reality a part of all human psychology. How any nurse can feel her surest and best in the garments illustrated herewith I cannot imagine.

The Twill Horror

I have a few particular things to say about the twill horror that lies beneath bib and apron. The twill is thick. For the nurse working in hot summer weather, or in an operating room, it is an uncomfortable garment. Because it does not show the dirt, it can be worn a week without laundering, whereas a white uniform has to be changed at least every second day. And lastly, it is, in itself an abysmally horrible garment, comparable only to the mailed armour of the medieval knight and the khaki uniform the unhappy common soldier wore during the late war. It should be cast off into outer darkness. It was designed in an age that tolerated the bustle and the hoop-skirt, flannel nightgowns and red-flannel knickers. It belongs to the stage-coach era of human progress when you took your weekly bath in the wash-tub before the kitchen fire.

I have heard nurses rail against these uniforms, but why don't they do something about them? There are, of course, many things that nurses rail at — with reason very much on their side—and do nothing about. Why don't they start on the uniforms? I am aware that in some enlightened hospitals much has been done to ameliorate this nuisance. but in most of the hospitals I have worked in—more than a dozen—the archaic remnant still remains.

Those Caps

One of my constant delights is to view the strange headgear, so varying and diverse, which even graduate nurses employ, and which apparently they submit to for dear old Alma Mater's sake. You get the bird's wing sort of thing. You get all sorts of little blobs on the top-knot — hideous, monstrous, atrocious doo-dads that serve neither beauty nor purpose.

Why a cap anyway? Do internes or medical staff wear them? Do they keep a nurse's hair in place, or out of the patient's soup? None that I have seen do. They are plopped there on the unhappy nurse's head because Florence Nightingale thought a nurse ought to wear them. But Florence Nightingale is dead, and the century that bore her is dead, and this is another age. If there is a purpose in a cap let somebody state it and then build a cap that will fulfil that purpose. If there is no purpose, away with the useless relic.

As it Ought To Be

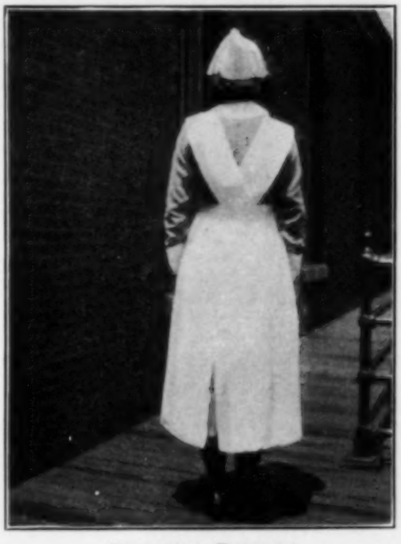
A nurse's uniform, I maintain, should be of light-weight white material. It should be loose about the neck, and give lots of room so that in all her many and varied movements the wearer will not be hampered by it. It should have sleeves to the elbows only. It should hang gracefully on the figure and give the wearer the feeling that she looks well.

Footwear

I come now to the question of shoes, a most important matter. In fact, if there is one part of a nurse's outfit that should be most carefully and meticulously worked out it is her footwear. In one sense her feet are as important to her as her hands. Her hands are no good if her feet give out. But how many hospitals take this matter into serious consideration? For the most part it is left to the nurse herself to provide shoes, and as long as they are black—or white—it matters not how well they are made, or how well they fit. I believe that many older nurses suffer a handicap today because, when they were in training, they did not wear the right kind of shoes.

If you will look carefully at the feet in the illustration showing the rear-view of a nurse in archaic uniform you will see what I am driving at. That nurse is wearing bad shoes, and as a consequence her heels are turning over. I've seen dozens of nurses with such feet and shoes. Perhaps it is partly the result of bad posture. If so, do hospitals attempt to train nurses in posture—and is posture important to a nurse? It has long been my belief and conviction that hospital managements should not only train nurses how to stand and walk well and with the least effort, but that they should also insist that a certain grade of shoe be worn. I believe furthermore that where even this will not prevent the sort of thing that has occurred in the illustration the nurse should be examined by the orthopedic surgeon on the staff and given proper advice and treatment.

The nurse may not even have been spoken to about her feet by the hospital management under which she serves. Why? If she appeared before the matron without her silly cap on, or without her stiff, starched, useless cuffs, she would get her head taken off. These things hospital managements, in their wisdom, regard as important; feet they do not regard as important. Feet only support you—but cuffs and cap are your ticket to propriety, that Valhalla to which all nurses must bend their ways.



DEFECTIVE POSTURE

A New Freedom

There are, as I have intimated before, a great many archaic practices to which the unhappy nurse, and particularly the unhappy undergraduate nurse, must subscribe. Some of them are just as outworn, just as silly, as starched cuffs and cap. Isn't it time for nurses to wake up to the fact that they are living in a freer, more modern age than that in which these practices were initiated? Isn't it time for them to do something about it? And won't they please start the rebellion by flinging aside the unbeautiful, inutile garments that make a mock of their youth and add discomfort to their days?

* * *

The Annual Meeting in New Brunswick

The New Brunswick Association of Registered Nurses held its annual meeting in St. Stephen in September. The official report of its proceedings will be made by the proper authorities of the Association and no attempt will be made to anticipate it here. Nevertheless, having had the pleasure of attending the meeting as a guest, it may be in order to comment briefly on some outstanding features.

Attendance

The meeting was well attended and all parts of the Province were represented. There were delegates from the North Shore and from Fredericton, from Campbellton and Woodstock and Tracadie, as well as from Moncton and Saint John. All the main branches of nursing were there in force with the private duty nurses in the majority. It was a matter of general regret that, at the last moment, Miss Murdoch was prevented from attending.

Proceedings

It was stimulating to watch the businesslike manner in which the meetings were conducted. The president, Miss A. J. MacMaster, while encouraging complete freedom of discussion, guided it in such a manner as to make the points at issue clear, thus paving the way for wise decisions. The Secretary-Treasurer-Registrar, Miss Maude Retallick, discharged her triple functions with the poise and efficiency which are characteristic of her. The Honorary Secretary, the Reverend Sister Kenny, neatly dovetailed the proceedings of one session into those of the next by means of comprehensive minutes. She did not reveal how she got time to prepare them, but there they were. There were no loose ends. The nursing group in New Brunswick is well integrated and ably led. They know the way and hold to it.

The Programme

Progress reports were presented on behalf of the Provincial Joint Study Committee and of the Provincial Curriculum Committee. Miss Retallick gave a vivid and amusing picture of the International Congress. The report of the nursing education section, presented by the Reverend Sister Kerr, was a model of lucidity and common sense. Miss Ada Burns gave a clear and interesting account of the activities of the public health section and Miss Mabel McMullen ably presented the problems of the private duty group.

The Chapters

The reports from the various chapters had a local colour all their own. The problems of the North Shore are different from those of Saint John. St. Stephen has ideas of its own, too, and so has Fredericton, and so on, all over the province. This is all to the good and makes for real understanding and unity.

The Journal

For some time past *The Canadian Nurse* has been well served by its representatives in New Brunswick. Miss Kathleen Lawson has been untiring in her efforts to increase circulation and to obtain articles for publication. It is a pleasure to know that for the future she is to share her load with regional committees.

Hospitality

Perhaps the happiest and most profitable feature of these proceedings is the opportunity afforded for informal social contacts. Under the capable leadership of Miss McMullen, the Saint Stephen Chapter did itself proud. Community singing was freely indulged in at the banquet, and the Alumnae Association of Saint John General Hospital, without any warning whatever, gave its official warwhoop with electrifying effect. A delightful occasion took place at the Chipman Memorial Hospital when Miss Grace Moffat entertained the visiting nurses at luncheon.

There are a few things to be said from a personal standpoint but we are saying them in *Off Duty* because, for some mysterious reason, it seems easier to say them there.

Faculty of Public Health
University of Western On
LONDON : CANAD

HONOUR WHERE HONOUR IS DUE

JEAN I. GUNN, Superintendent of Nurses, The Toronto General Hospital.

It is perhaps all too seldom that those who give of themselves in the service of others receive the recognition they so richly deserve. It is therefore inspiring when public recognition of distinguished service is given—and to one of our number as highly regarded as Miss Eunice H. Dyke. To the nurses of Canada Miss Dyke is well known, and for this reason all will be interested in hearing that she has had some outstanding honours paid her during the past few months.

Miss Dyke's work in the field of public health nursing has in itself been a very great contribution to the development of public health, not only in Toronto but in Canada as a whole, and in many other countries. She began her professional work with a particularly good preparation, having graduated from Normal School and having had a few years of teaching experience before entering the School of Nursing of Johns Hopkins Hospital to train as a nurse. Miss Dyke graduated in 1909, and did private duty nursing until 1911, when she was appointed to the Department of Public Health of the City of Toronto to do the necessary follow-up work with patients under care for the treatment of tuberculosis.

This was the beginning of the Public Health Nursing Service in Toronto, of which Miss Dyke was director until the autumn of 1932. To record the development of this service, the gradual increase in nursing staff, the additional responsibilities assigned to the Nursing Division, the success attained in all the many branches of public health, is not the object of this brief article. It is sufficient to say that the success and prestige enjoyed by the Department of Public Health of Toronto has been secured by the co-operation of all departments, and that the Department of Nursing, thanks to Miss Dyke's vision and able direction, made a very outstanding and valuable contribution.

MISS EUNICE H. DYKE

Although Miss Dyke's work demanded intensive and constant attention, she found time to contribute very generously to nursing education. She endeavoured to see that her staff had every opportunity for improving and increasing their knowledge and ability by post-graduate study, and from

1915 to 1916 she herself took special work with the Visiting Nursing Association of Boston and the Simmons College School of Social Work.

The successful development of the nursing courses in the University of Toronto has been brought about largely through the co-operation of the Department of Public Health. These courses have enrolled students from all the Provinces of Canada and many of the countries of Central Europe. The field-work in public health nursing, organized and carried out under Miss Dyke's direction, has been an invaluable help in the steady growth and development of public health nursing. Her interest extended beyond the graduate nurse back into the schools of nursing, where the nurses of the future were receiving their preparation for their work. Ever since 1917, the student nurses enrolled in the training schools in Toronto have had instruction and practical field-work in public health. This experience has been planned and supervised by the nursing staff of the Department of Nursing of the University of Toronto and the Department of Public Health.

Miss Dyke's extensive knowledge and experience in public health nursing were called upon to serve in a much broader field when the League of Red Cross Societies requested the Department of Health to make it possible for her to go to the League Headquarters in Paris, in an advisory capacity, concerning the development of their nursing programme. She spent several months in 1923 and 1924 in this special work in Europe.

An honour that has been given very few, and is therefore unique, was shown Miss Dyke on May 5, 1933, when the citizens of Toronto paid her the tribute of a public reception at the Royal York Hotel. At this time Miss Dyke had completed twenty-one years of public service, and over one thousand of her fellow citizens gathered to demonstrate their high regard for the services she had given. The chairman was Lady Falconer, who besides presiding as chairman, presented Miss Dyke with a beautiful bouquet and a very substantial cheque as a tangible expression of the spirit of the gathering. The Honourable and Reverend H. J. Cody, President of the University of Toronto, gave the main address, speaking for the community as a whole. Dr. Minerva Reid spoke of Miss Dyke's record from the standpoint of the medical profession, and Miss Fleming, President of the Toronto Branch of the Canadian Association of Social Workers, expressed the appreciation of that profession. In Miss Dyke's reply to the many honours shown her, she voiced her desire to share the credit for anything she had been able to do in the past twenty-one years with all those who had worked with her.

And now in the Fall of 1933 another form of recognition has come to Miss Dyke. The International Health Division of the Rockefeller Foundation has offered her a fellowship by means of which she will have an opportunity to make a special study of the work in which she is most interested. This study will take her to many countries and give her a wonderful opportunity for observing and studying public health nursing programmes in the countries she is to visit. Miss Dyke has given to others over such a long period of time, that we rejoice that she will now have the opportunity of reversing this practice and, for a time at least, become the one who enjoys receiving the interest and assistance of others in her chosen field of work.

THE N.R.A. AND NURSING

Courtesy of the American Nurses Association.

The Board of Directors of the American Nurses Association, at its regular meeting held in New York on August 25-26, 1933, voted to issue the following statement relative to the National Recovery Act and its implications for the nursing profession.

The Application of the National Recovery Act to The Nursing Profession

Successive communications from the office of the National Recovery Administrator in response to inquiries from the American Nurses Association have brought out the following points with reference to:

1. *Nurses.*—The President's Reemployment Agreement, otherwise known as the Blanket Code, does not apply to nurses, as illustrated in the following quotation from the "President's Reemployment Agreement": " . . . shall not apply to professional persons employed in their profession".

2. *Hospitals.*—All hospital employees have been exempt from code provisions; however, hospitals, public health nursing agencies, and any other group may sign the President's Reemployment Agreement in co-operation with the National Recovery Act. This agreement applies to the non-professional group employed by these agencies.

3. *Nurses Registries.*—From legal interpretation of the Blanket Code, it does not appear that agencies placing nurses could bring the nurses so placed under code provisions, since these nurses would be acting in a professional capacity, and would be employed by the patient. The business office of the registry might be included in the Blanket Code. This would include the non-professional staff in the registry office.

Implications of the National Recovery Act for the Nursing Profession

In view of the above interpretations, the Board of Directors of the American Nurses Association presents certain principles to be used for the guidance of local groups. These principles are as follows:

1. In making available the most effective type of nursing service, primary consideration of the patient, whether in the hospital or in the home, is an accepted principle.

2. No plan for economic recovery in this country will be complete without taking into consideration the matter of the thousands of graduate registered nurses who are unemployed at the present time, due to overproduction, unequal distribution, and the general strained economic conditions prevailing.

Because of the highly developed technical skill required in modern nursing, the service of the nurse is necessarily of a professional character; yet because of her practical relation to the public in terms of hours, days and weeks, this service must be dealt with from an economic standpoint, and so becomes involved in general problems of production and consumption.

3. An arbitrary limitation of hours controlled by law violates the whole spirit of nursing, as the comfort of the patient is the nurse's first consideration. Again, no nurse could be expected to hold to a specific hour schedule when engaged in emergency or disaster relief. However, an attempt should be made to approach reasonable working conditions by encouraging, where possible, in the interest of the patient as well as the nurse, an eight-hour day for those employed on a daily basis, and a forty-eight hour week for those employed on a weekly or monthly schedule. It is undoubtedly desirable to shorten the hours of duty so that the individual nurse may have a reasonable working day and also that there may be a spreading of work.

4. It is urged that local communities be assisted in developing an understanding on the part of the public of the service rendered by all types of nurses. It is important, too, that they realize the need for keeping the salaries of the nurses above subsistence levels so that psychologically as well as physically they will be able to give the service which the patients need.

5. Recommendation formulated before the passing of the National Recovery

Act: "In the interest of good nursing, we believe that nurses in caring for acutely ill patients should not be expected to work more than eight hours out of twenty-four. This service is to be arranged wherever and whenever possible without added expense to the patient. The community is to be informed that it has an opportunity which it has never had before to secure nursing service on this basis. We urge State and District Associations to bear this in mind and make every effort to secure the adoption of such a plan by those who employ nurses". This recommendation was accepted by the Board of Directors, American Nurses Association, at its regular meeting on August 25, 1933.

6. The American Nurses Association has the assurance of the National Recovery Administration that representatives of the Board of Directors of the American Nurses Association may be present and may participate in any hearings which involve nurses or nursing.

7. It was voted that the widest possible circulation of this statement was not only necessary, but urgent.

❧

A Good Idea

Courtesy of the Bulletin of the American Nurses Association.

Easton Hospital, Easton, Pa., has, for the third consecutive year, arranged an institute for graduate nurses. The superintendent of nurses and her staff plan the program, and all the graduate nurses in Easton and the neighboring towns are invited. The hospital furnishes the supper without charge.

The institute is planned for one afternoon and evening, says New York State's *Quarterly News*. The program acquaints the nurses with new developments in medical and surgical nursing, refreshes their knowledge on established techniques, and brings about better co-operation between the various services. The result is improved care for the sick of the community. This hospital has recently discontinued its school.

The Nursing Pioneers

A charming feature of the recent International Congress was the procession of Pioneers in Nursing. The impersonations were all excellent but, with full allowance for local pride, *Jeanne Mance,* as portrayed by Miss Isabel MacIntosh, may justly be claimed to have been one of the most gracious and dignified of all. A complete list of the dramatis personae follows, in order of their appearance on the stage at the Trocadéro:

Norway—A nurse who was also a physician (1000 A.D.) represented by Marit Berg-Domos.

France—A nun from the Augustines de l'Hôtel-Dieu (Order founded XIth century by Saint Laundry in "Lutece", Paris). Represented by a nun from the Order.

Czechoslovakia—Holy Agnes of Bohemia. Represented by Miss Mankova.

Canada—Jeanne Mance. Represented by Miss I. M. MacIntosh.

Switzerland—Madame de Gasparin (Founder of La Source, first Foundation (1859) for Nursing Education).

Great Britain — Florence Nightingale. Represented by Miss D. Bridges, of the Nightingale Training School for Nurses, St. Thomas's Hospital, London.

United States of America — Linda Richards (first American trained nurse). Represented by Miss Mary M. Roberts.

New Zealand—Grace Neill. Represented by F. Timlan.

Denmark—Henny Tscherning. Represented by Ellen Margrathe Koefoed.

South Africa — Sister Henrietta of Kimmerley. Represented by D. Ackerman.

China—Pioneer Nurse (1890). Represented by Sun Chin Feng.

Holland—Anna Reynvaan. Represented by A. Shippers.

Austria — Rudolfinerin. Represented by Schwester Lippert.

Philippines — Pioneer Nurse (1910). Represented by Socorro Salamanca Diaz.

India—(1) The Indian Village Midwife. Represented by E. A. Watts; and (2) the woman she is trying to supersede; the indigenous dai. Represented by Budan Jhanda Singh.

The Editor's Desk

■ ■ ■

A Friendly Critic

Every now and then we like to accept what the children call "a dare." The publication of Dr. H. B. Atlee's diatribe (his own word) regarding *Uniforms and stereotyped minds* is one of these occasions. Dr. Atlee dared us to publish it. So we did. We shall be very much disappointed (and so perhaps will Dr. Atlee) if this deliberately provocative article does not draw fire.

Dr. Atlee's avocation is journalism. He is not only Professor of Obstetrics and Gynecology in Dalhousie University, but, under the thin disguise of the pen name of Benge Atlee, writes delightful articles for several Canadian periodicals. One of these, entitled *A conversation with Asklepios,* is a witty and pungent criticism of certain economic aspects of medical practice. Another article put the searching question *Are Women Sheep?* and neatly satirized some feminine foibles in dress. Now it is our turn, and especially is it the turn of those who are, or have been, superintendents of nurses and are therefore suspected of being stereotype-minded.

The Matron

Dr. Atlee is quite severe upon this much misunderstood functionary. We warned him that we too bore the scars of ten years of being a matron and that we intend to take up the cudgels on her behalf. Is she always stereotype-minded? Is she inevitably the oppressor of the young and lovely? Could she, if she would, by a wave of her wand, cure most of the ills to which nursing is a prey? We pause for a reply. The more of them the merrier. We are reserving our own fire, for the moment, until we find out how crowded the *Letters to the Editor* page is going to be next month.

Is Dr. Atlee Right?

From a purely personal point of view it seems to us that Dr. Atlee has both truth and common sense on his side in what he says about the uniforms now being worn in some hospitals. While there has been a great deal of improvement in the last few years there is room for more. The strangling high clerical collar which blighted our young existence is happily a thing of the past. A few schools have adopted the sensible elbow sleeve. Aprons are sometimes well-cut, practical, and becoming, though it must be admitted that frequently they are not.

The Twill Horror

Even the "twill horror" has extenuating features of its own with which Dr. Atlee could not be expected to be familiar. The use of colour in uniforms was partly due to the rather natural desire of each school to have something distinctive and individual about the uniform of its students. The necessity for economy in laundry costs was not the only motive which prompted its use.

It is possible, though not easy, to get cotton prints which frequent laundering does not spoil. It may even be timidly suggested that the colour may, and sometimes does, have a certain esthetic value, and is in refreshing contrast to the dead-white garb worn by the staff in beauty parlours, barber shops and cafeterias. It must be admitted, however, that the handling of many separate pieces in the laundry, which is necessitated by the use of aprons and bibs, is open to criticism on the score of expense.

Those Caps

Dr. Atlee's criticism of the sort of caps nurses wear in Canada is only too well deserved. We are the laughing stock of nurse visitors from England and the Continent. Either the cap should fulfil some useful function or it should have such esthetic and symbolic value that its use is justified. As it is worn by most nurses today it is neither beautiful nor useful. Surely it is possible to design a cap which is a becoming frame for the face and helps to keep the hair smooth and in order.

And Those Shoes

There is not a superintendent of nurses in the country who would not welcome reform in footgear. The absurd spectacle of nurses in uniform teetering about in high-heeled pumps makes one question whether the women who wear them while on duty have any sense of the fitness of things. Special nurses are common offenders in this regard though staff nurses are not always guiltless of this breach of good taste.

It is possible, however, to go to the other extreme, and to insist on heavy and ugly footwear which is neither comfortable nor hygienic. A measure of uniformity in style and colour is of course necessary, but it should be possible to modify regulations a little to suit the individual concerned. That a great deal of discomfort and fatigue is directly traceable to wearing unsuitable shoes is unquestionably true. Unfortunately the ridiculous fashions of recent years have made it difficult to obtain shoes which are both comfortable and attractive in appearance. Nurses might create a demand, and lead a new fashion.

What Should the Uniform Be?

Dr. Atlee tells us that the uniform should be designed for comfort, utility and beauty. He also suggests that it has a symbolic value in that it designates us as nurses. It serves as a protection, too. There are parts of London, and of New York, and of other great cities, which are admittedly dangerous for unescorted women. The passport of the visiting nurse is her uniform. She goes about her business unmolested. We ought to be proud of that immunity.

But we must make up our minds. Either we are wearing uniform or we are not. A soldier does not appear on parade in dancing shoes or with his cap at a rakish angle. Neither should a nurse. They are both on duty, and should look as though they were. There seems no good reason why a nurse should not follow the prevailing fashion when she is off duty. There is no particular virtue in frumpishness. Yet even here there are some limitations. Any woman possessing good taste need not be told what they are.

Authority and the Uniform

Up to a certain point, the dress of nurses on duty must be subject to regulation by authority. There will always be the thoughtless few who fail to realize the true significance of a nurse's garb. But there are far more who might be persuaded by other means. The student's council, for instance, might well take the matter in hand.

The nurse's uniform has been cheapened by persons who have no right to wear it. Great ladies have masqueraded in it. Demonstrators of various commercial products have sometimes made it ridiculous if not obnoxious. Worst of all, we have not always respected it ourselves.

Who will take the initiative? We darkly suspect that this task, like so many others, will be laid on the shoulders of that much-abused person, the stereotype - minded Martha of the nursing profession.

Disliked—but Indispensable

As everybody south of the forty-ninth parallel knows, the magic initials N.R.A. stand for the words National Recovery Act—the name of the tremendous enterprise inaugurated in the United States of America by President Franklin D. Roosevelt. Under the provisions of this Act, hours of work in many industries and trades are being made subject to regulation and curtailment. On another page, thanks to the courtesy of the American Nurses Association, the *Journal* is privileged to publish the principles laid down by that Association with reference to the nursing implications of the Act.

The New Yorker, in commenting on current events in its usual debonair fashion, supplies a delightful footnote respecting the groups exempted from the provisions of the Act. Needless to say the italics are ours:

"Hollowest of all our many victories in life is our exemption under the N.R.A. rule. As a 'member of an editorial staff' we are allowed to go right on working hour after hour, day after day, world without end, *along with internes, nurses, and other indispensable and generally disliked characters*".

The limitation of the hours of labour for editors seems about as remote as the eight-hour day for nurses. However, it is a source of personal satisfaction to learn on such high authority that editors, like nurses and internes, are at least necessary evils.

◆

Faith is an act of self-consecration, in which the will, the intellect, and the affections all have their place. It is the resolve to live as if certain things were true, in the confident assurance that they are true, and that we shall one day find out for ourselves that they are true.—Dean Inge.

Letters to the Editor

* * *

The Irishman and the Medals

After having passed through a thrilling experience to-day I feel that there will be many readers of our *Journal* who will enjoy hearing about it.

When I returned from my vacation I discovered that a burglar had been into my apartment and helped himself to many of my worldly possessions, including my war medals and decorations. I lost no time in soliciting the assistance of our police and detective forces in the hope of recovering my medals, and here's where to-day's thrill comes in—a street sweeper walked into my office with them a few moments ago, having found them in a sewer. His story (delightfully Irish) told of how "I pulled up a spadeful of the rubbish, ye know Miss, when, glory be, I seen these beautiful medals and ribbons, all covered with mud, and I sez, sez I, God love us, but some poor soldier has lost his medals, he has, and I puts thim into me pocket, and when I went home, showed thim to me missus, she washing thim, says, 'Soldier is it?' sez she, "tis a nursing-sister who has lost these medals, and we must find her.' "Well, Miss," said he, holding his cap in his hand, "I did not have the honour to have gone to the war, but I sure am glad that I found these fer ye, and here they are."

If there is another Nursing Sister in Canada who has lost her medals *and found them again,* she will understand how I feel and why I wanted to tell my story.

E. Frances Upton,
Reg. N., Montreal.

From the New Frontier

I appreciate *The Canadian Nurse* very much and now am re-reading the last two years' copies. I am located fifty-five miles from a doctor or a hospital in an outlying district in the Peace River block, so enjoy reading all of the articles.

E. C. Davidson,
Worsley, Alta.

From Our First Editor

I have just read *The Canadian Nurse* for September and once more admire its punctuality, and far more the steady progress of the magazine in interest and in every way, including the advertisements.

Travellers' tales are always of great interest and there is a grace and lightness about the expression and arrangement of these tales in this number that I admire very much. I think the picture of Miss Gunn and all the other illustrations are excellent.

Helen MacMurchy, M.D.,
Chief, Division of Child Welfare.

* * *

There is no limit to what a man may achieve provided that he does not care a straw who gets the credit for it.—Mr. H. Ramsbotham, M.P.

Department of Nursing Education

CONVENER OF PUBLICATIONS: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg, Man.

GRADING THE WORK OF THE STUDENT NURSE

MARGARET S. FRASER, Reg. N., Formerly Instructor of Nurses,
Winnipeg General Hospital.

One of the most difficult problems for those concerned with the training of student nurses is that of grading their work, both theoretical and practical. This problem must be considered from four different angles, namely that of the student herself, that of the training school and hospital, that of the nursing profession and that of the public, that is the community which the nurse will serve following her graduation.

From the standpoint of the student it is evident that fairness and the greatest possible amount of accuracy is essential. She must be given credit for the ability and qualifications which she possesses, but if she is lacking in ability and necessary qualifications she should, in fairness to herself, be advised to adopt another type of work. The feeling of being a misfit, of disqualification, would eventually cause her the greatest unhappiness. On the other hand, fairness and accuracy in grading will encourage and motivate the student with ability to greater and more sustained endeavour.

From the standpoint of the training school,—the reputation of the school rests largely with the type of nurse graduated from it, and the better this reputation is, the higher will be the type of young woman attracted to it. Then too, the reputation of the hospital from the nursing standpoint rests with the individual graduates and undergraduates who make up its personnel, and it would obviously be detrimental to both training school and hospital if low standards and careless grading invited a poor type of work from the students.

The report of the first grading made of the training schools in the United States by the Committee on the Grading of Nursing Schools begins with this statement: *The committee is convinced that the two most important elements in any school are the student material and the faculty.* If because of undue consideration for the feelings of the individual student, those responsible for her nursing education grade her work higher than it deserves and she is allowed to graduate, the reputation of the profession as a whole is bound to suffer as a result of her disqualification.

The public as a whole is gradually learning to expect more and more of the graduate nurse and she is to an increasing degree taking an important place in all community health programmes. It is therefore most important that she be carefully selected and educated, one important phase of her education being the grading, that is the measurement of the work done by her.

There are several reasons for the difficulty encountered in grading the work of the student nurse. Nursing education is just emerging from the apprenticeship system and as yet there is great lack of uniformity in the different schools, each one being a law unto itself. The Director of the *Survey* makes the following statement:

> Grading systems adopted by different training schools naturally show wide variability, and the same observation applies to records of instruction and the summaries of student achievement in theoritical and practical work.

This lack of uniformity is seen not only between different schools but even within individual schools. This is due largely to lack of training in modern educational methods among those responsible for the teaching and grading of the practical ward work of the students.

The grading of the work of the preliminary student must first be considered. It may be supposed that she has been selected with the greatest amount of care and consideration, judged on reports of physical and moral qualifications and on records of high school work, which should be as complete and detailed as it is possible to get them. Regarding this point the *Survey* makes the following statement:

> For comparative and professional purposes, however more authentic and specific data than are now ordinarily available regarding the academic credits of the average candidate who has not completed junior matriculation or its equivalent, appear highly desirable. Until a uniform minimum standard for admission to approved training schools such as junior matriculation, nursing matriculation, or high school graduation has been adopted, training school authorities cannot be too vigilant in examining the educational records of applicants.

In some schools psychological tests are already being applied to nurses in training and an account of such tests is described in the *American Journal of Nursing* for February, 1929*, which includes the following statement:

> Any criterion that is distinctly better than a mere guess in predicting which students are likely to be accepted for training beyond the probation period, and which are not, is of distinct value. The earlier in the process that such predictions can be made, the better. It was not altogether surprising to find that for the group of probationers being studied, psychological test scores apparently possessed very remarkable significance which was found to operate not simply in indicating very probable success, but also very probable failure.

In the pages of the *Survey* a personal rating scale is suggested which experience in the work of intelligence testing shows to be applicable to the student nurse.

The actual work of the preliminary student must necessarily be judged from a somewhat different angle than that of the student who has already been accepted into the school. It is judged by her instructors and on her classroom accomplishment to a much greater extent than is the work of students who are on the wards many more hours of the day and who are therefore judged by head nurses and ward supervisors. More general headings, leaving scope for personal notes and opinions by those grading the work, seem preferable for the report forms of preliminary students. Such headings as personality, good points, weak points, professional fitness, remarks, are, without more detailed sub-headings sufficient, but if more explicit information is desired the personal rating scale already referred to could be adapted for use. It is well worthwhile for instructors to take every opportunity to learn to know the students better, outside of the rather artificial situation of the classroom, to join them in parties, picnics or tramps, for in these more natural and unrestricted situations, unsuspected qualities of leadership and initiative are quite frequently evident. Personal interviews with frank discussions regarding the students' work and difficulties are also necessary, and the instructor will find it a great help when writing her reports of the students at the end of their preliminary term, if she has during that period, kept on small cards, a separate one for each student, brief notes regarding her, particularly with respect to her personality.

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* MacPhail, A. H., "Psychological Tests Applied to Nurses in the Rhode Island Hospital", in "American Journal of Nursing", February, 1929.

In grading theoretical work the same principles are applicable to both preliminary and advanced students. Education has been defined as an attempt to produce definite changes in individuals, and the success of a teacher or of an educational system is proportional to the extent to which these changes are brought about. Intelligent teaching requires that the teacher know the extent to which such changes have been produced, which in turn, requires some kind of a measurement, though it is also true that results which can be measured and tabulated are not the only ones of importance.

An article which appeared in a recent number of a Canadian magazine has this criticism of modern educational methods: *It is we who are demanding results that we can tabulate, not results that will serve the pupil well in life.* The Director of the *Survey* states the problem thus: *Unless education leads to appropriate conduct in life situations, it can be only partially effective.* It has, however, long been the practice for teachers to give examinations to determine the extent of the progress of pupils in the course of study, and promotions are based largely on the results of these examinations. Nevertheless examinations have another purpose as well as that of measurement, namely that of motivation. One writer states that observation and experimental study have shown that examinations serve to motivate pupils to make more careful daily preparation and to organize the course material into related units for proper assimilation and recall.

Two main types of written examinations are used, namely the traditional or essay type and the "New content" or * "Objective" type. A test is said to be objective if different persons who mark the same examination paper give it the same score,—the subjective element thus being eliminated. The strongest argument against the use of the essay type is their unreliability. In the words of the *Survey*:

> The fact is that standards of marking the traditional or essay type of examination show wide variations not only among different examiners but also in the case of the same examiner who remarks the same set of papers at a sufficiently lengthy interval of time.

To prove this statement the Director conducted some experiments which are described in Chapter sixteen and further proof is also given by T. L. Torgerson who does, however, also list a number of advantages of the essay type as follows:

> Useful as a measure of attitudes.
> Useful in securing a measure of organized and connected discussion.
> Useful in measuring the students' ability to apply principles.
> Wide applicability.
> Guessing is reduced to a minimum.

Another writer, an educationist, suggests that papers of a general nature might be required as part of a course, with the understanding that they are to aid in organizing and fixing in mind the material, but not to be graded. This type of test is, however, far from being abandoned even by leaders in education and the *Survey* does not suggest that they should be entirely discarded.

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* Torgerson, T. L., "Objective Methods in Classroom Tests", "American Journal of Nursing", July, 1930.

The new content type of examination is the result of endeavours to devise an examination which possesses greater validity and reliability than the essay type. An examination is considered a good one when it measures what it is supposed to measure and does it accurately. Each course should have certain definite objectives, and examinations should be so constructed as to measure the extent to which these objectives have been obtained. The reliability of an examination is determined largely by the number and distribution of the questions. The larger the number of questions and the more carefully and evenly they are distributed over the material of the course, the more accurate will be the result. It is usually impossible to test all the knowledge a student has on any subject but the examination should provide for as large a sample of it as is practicable. The main advantages of this type are therefore their high validity and reliability and their value in pre-testing and diagnostic testing. Their disadvantages are listed as follows:

Tendency to become highly factual.
Danger of over-emphasizing memory questions.
Difficult to prepare.
Limited use in some subjects.
No chance for student self-expression.

The fact that these examinations in order to be reliable must be long, adds to the difficulty of their preparation. A suggestion that will be a help in this respect is for the teacher to make a list of questions as she is preparing her class-work, continually adding to this list. Then the preparation of the examination will simply be a matter of choosing certain questions from this list. Another difficulty that may arise in some schools is that of having copies of the questions made so that each student shall have one. Lacking a mimeograph, use can be made of hectograph jelly to make duplicate copies.

In regard to the method of rating examinations there is extreme variability, even at times between that of the various instructors in the same school. The two methods most commonly used are percentages and letters, that is a three, four or five point scale as the case may be. Frequently when the latter method is used, the letters must be transposed into percentages to be entered on the students' permanent records. In some schools the passing mark adopted is 75 per cent. the reason being, no doubt, an attempt to raise the standard of work. The *Survey* points out that where this is done a "fair" student is probably considered worthy of a pass and awarded 75 per cent., while a good student might be given 85 per cent. or 90 per cent., and an excellent one could not possibly exceed the latter by more than 10 per cent, or the fair student by more than 25 per cent, while the paper of the excellent student might easily be worth more than double that of the fair one.

In Appendix IV of the *Survey* there is a discussion, with an example, of a scientific grading method, but it is suggested that until more reliable methods of evaluation are available a rating scale such as that given on page 433, with 50 per cent. as the passing mark, might be adopted, which would result in greater uniformity.

The grading of the practical work of the students on the wards presents a more difficult problem even than that of grading the theoretical work. This depends almost entirely on subjective evaluations of head nurses, supervisors and instructors, which, it is pointed out. are notoriously conditioned by fluctuations of judgment and variability of standards. Usually the head nurse is called upon to give monthly reports on the students on her ward under headings somewhat as follows:

Personality

- Acceptability to patients.
- Adaptability.
- Courtesy.
- Dignity.
- Enthusiasm.
- Imagination.
- Industry.
- Personal neatness.
- Sense of humour.
- Sympathy.
- Sincerity.
- Even temper.

Professional Fitness

- Accuracy.
- Conscientiousness.
- Acceptance of criticism.
- Executive ability.
- Initiative.
- Interest in work.
- Loyalty.
- Memory.
- Neatness in work.
- Observation.
- Professional attitude.
- Punctuality.
- Reliability.
- Tactfulness.
- Economy of time.
- Economy of materials.
- Mastery of principles.

It is obvious that some of these intangible qualities of personality and professional fitness cannot be measured accurately even by the most conscientious head nurse, and it is not surprising that she finds the writing of these reports the most trying duty she is called upon to perform. Too often she is prejudiced either favourably or unfavourably by the opinions of other head nurses or by some incident or other factor.

A few years ago a study of a group of 212 student nurses in seven large hospitals in New York city was undertaken, certain personality and character traits, such as conscientiousness, self-control and tactfulness being rated by a few nursing executives and supervisors in those hospitals. A seven point letter rating was given for each quality and it was found that the subjective aspect of the study was especially open to criticism for the following reasons:

> The judges tended not to use the entire scale from A to D.
>
> There was a marked tendency to give a student a single letter rating for all of the qualities listed.
>
> There was a marked tendency among some judges to rate very high. There were far too many "A's".

This goes to show the need for very definite understanding by the persons doing the grading of what is required of them, and leads to a suggestion which may be of help, namely, that a full discussion of the monthly efficiency cards might occasionally be the programme of the staff nurses' meeting. Another suggestion is one which is at present practised by various head-nurses,—they carry with them a very small note-book in which to make brief notes concerning the personality and work of the students under their guidance. Without such notes it is almost impossible to remember all that is required to be reported upon regarding all the students who might have been on the ward during the month.

The *Survey* offers many helpful suggestions and, in a foot-note on page 347, gives a reference. Another book which will be found useful is *Standardizing Teachers' Examinations and the Distribution of Class Marks* by Robert S. Ellis, published by the Public School Publishing Co., Bloomington, Illinois. All the help which is available should be made use of to improve grading methods, and when there is a normal school in the locality or a high school, members of the staff who are trained in modern educational methods will be able to give valuable advice.

Department of Private Duty Nursing

CONVENER OF PUBLICATIONS: Miss Jean Davidson, Paris, Ont.

SURGICAL NURSING CARE IN THYROID INTOXICATION

A. B. HUNTER, Reg. N.; Head Nurse, Surgical Division, Toronto General Hospital.

The aim of the pre-operative treatment of patients suffering from thyroid intoxication is to secure physical and mental rest. With this end in view patients are admitted where possible, to small or single bed wards, where quiet will be assured. A few whose condition justifies it are allowed bathroom privileges, but the majority are kept at absolute rest in bed. Since these patients often do not sleep until late at night every effort, compatible with hospital routine, is made to leave them undisturbed in the morning.

Patients suffering from thyroid intoxication on this Service are given Luminal grains, one at bedtime to insure rest. If this is inadequate the dose is increased to one grain at bedtime and one-half grain three times a day. Visitors are restricted to the minimum, to those, in fact, whom it would not distress the patient to see. Exciting or disturbing literature is definitely banned. With a quiet room, comfortable bed, sufficient sedative, restricted visitors and activities, an average patient has a good chance of rest.

A controlling factor, however, in the care of such patients is the co-operation of the patients themselves. It is a wise course, early in a patient's hospital career, to spend sufficient time explaining the plan of treatment, the way in which they may co-operate and why it is essential. A patient suffering severe thyroid intoxication is by no means an easy one to nurse. She is an apprehensive and irritable individual, given to tears and terror, convinced that her operation will be sprung upon her without warning, uncertain of the disposition of everyone around her, and most of all uncertain of herself. Nursing is undoubtedly a most important factor in the re-establishment of the patient's self-control and confidence. For this reason we try to arrange for the same nurses remaining in charge of the nursing care of these patients throughout the stay in hospital so that the disturbance of change and re-adjustments is reduced to a minimum. For the same reason, such patients on this Service do not undergo the test for basal metabolic rate without an explanation the night before. On a large and busy ward this is sometimes easy to overlook. To these patients the unknown is full of dire possibilities and a test with its curious paraphernalia means added apprehension for a patient whose resistance to disturbance is already low.

Carried out chemically, this is a breathing test to determine the rate at which the body as a whole consumes oxygen and produces carbon-dioxide. It is carried on when the body is at rest, when the temperature is normal, when physical and mental activities are at a minimum, and when digestive processes and their stimulative effects are at the lowest level. It is necessary to know the patient's height and weight for this test, which is usually carried out in the morning within a few days of admission. The patient is left undisturbed until it is due, no food being allowed and the toilet reduced to a minimum.

These patients usually have a good appetite and are willing to drink what is required of them. They should have a simple diet of high caloric value, supplemented by milk and cocoa between meals. The daily fluid intake should be at least one hundred ounces and in this we include one quart of glucose drink which is made as follows:

One pound of syrup glucose, the juice of one orange and two lemons with their pulp cut in fine pieces, water to make one quart. Mix and bring to a boil. Let boil for five minutes. Make the volume up to one quart and serve ice cold.

So far no mention has been made of Lugol's iodine, but with intent. Iodine is of course the most valuable ally in the pre-operative care of the thyroid patient. Iodine alone cannot produce the really amazing results that occur when it is used in combination with other measures, such as physical and mental rest, adequate nourishment and fluids. Our medical routine, started within a few days of the patient's admission, is as follows:

Lugol's iodine minims 10, three times a day. With the administration of Lugol's iodine for the first two days only we give Digifolium minims 20 three times a day, and thereafter minims 10 daily. Lugol's iodine, being an unpalatable medicine, is given in milk or grape juice.

It is interesting to watch the gradual drop of a patient's pulse curve after the administration of iodine. The majority of cases will strike their lowest level within fourteen days and that is the point at which operation takes place, before the curve starts to swing up again on its new cycle uncontrolled by iodine. It is no less interesting to watch the change in the patient's reactions. The doctor's morning visit which was once greeted by an air of startled agitation and rapidly beating pulse, is now regarded not as a matter of disturbance but as a pleasant incident of the day. The patient's bed which was at first in a constant state of disarranged upheaval gradually takes on a seemly orderliness. The real apprehension of operation changes to a rational unperturbed interest in when it may take place. From observation of these cases, we have come to the conclusion that the nursing care in the two weeks preceding operation is quite as important as the two weeks following operation.

The day immediately preceding operation the operative field is shaved, a simple enema is given that evening and a good night's rest is assured by means of extra sedative if necessary. The morning of operation the patient is given early morning care and left undisturbed until the pre-operative sedatives are due. What we call a double thyroid sedative is given:

Morphia grains ¼, atropine grains 1/150, hyoscine grains 1/200, one and a half hours before operation; followed by morphia grains 1/8, hyoscine grains 1/400 to a woman and morphia grains 1/6, hyoscine grains 1/400 to a man, and Nembutal grains 1½ three-quarters of an hour before operation.

The result of this heavy sedative is that a patient goes placidly to the operating room usually deeply asleep or at any rate entirely undisturbed by any sense of apprehension.

The post-operative essentials are Lugol's iodine, sedatives and fluids. For this purpose are prepared a sedative enema composed of Lugol's iodine, minims 45, paraldehyde, drams 4, liquid paraffin, ounces 3, and an intravenous of normal saline. Two ice caps are also prepared. The ether bed is made ready on a Gatz frame, without hot water bottles, and with no blanket next to the patient.

As soon as the patient returns to the ward the sedative enema is administered, well mixed and heated to body temperature. It is given fairly high as it is expected to be retained and plenty of lubricant should be used as both iodine and paraldehyde are apt to produce painful burns. The Gatz frame is then raised, the ice caps are applied to the head and neck, and the intravenous is started. This intravenous saline is contained in large flasks of 4,000 c.c., designed by Dr. R. I. Harris. It is administered at room temperature, that is, it is not heated in any other way, and is given continuously at the rate of 125 to 150 c.c. an hour over as long a period as the patient's condition requires; 3,000 c.c. is the usual amount given .

Where possible we use a vein low down in the forearm so that the patient's movements are not so restricted as when the hollow of the elbow is used. If the patient is very restless the arm may be controlled comfortably by bandaging it to a pillow. If the patient is not restless a good method is to carry the intravenous tubing down the arm and loop it over the thumb, carry it back up the arm and safety-pin a towel snugly over the whole forearm.

The patient's pulse is watched carefully from the moment of return to the ward and a detailed clinical record is kept. Any change in the outline of the neck is noted carefully with the possibility of hemorrhage present; also difficult breathing, particularly difficult inspiration, not expiration as in asthma.

We have a routine sedative of morphine, grains 1/4, atropine grains, 1/150, when required for the forty-eight hours after operation, and this is given sufficiently often to keep the patient resting. If a patient is not restless but unable to sleep Luminal is administered. During the afternoon and night following operation four doses of Lugol's iodine, minims 10, are administered either by mouth or by rectum. Such cases often suffer discomfort from mucus and difficult swallowing; liquid paraffin spray will help this. If mucus is troublesome and not relieved by the spray, steam inhalations with a Foley Inhaler, using Tr. Benzoin Co. drams 1 to a quart of water, will often help, and failing this a steam tent should be used.

The patient spends most of the twenty-four hours after operation in sleep but has periods of consciousness which are apt to be filled with restlessness and confusion. Her movements are awkward and panicky; if there is a cup within reach she will certainly knock it over, when she is given a drink she grasps the tumbler quite unnecessarily, tips the water over herself if possible, chokes and splutters, looks terrified, thinks she wants a bed pan in an awful hurry, and suddenly falls asleep again.

It is the nurse's care to tide the patient over these stormy moments; impatience or apprehension of any sort must never be shown, no matter what happens. A frightened patient, not met by quiet and cheerful reassurance, from her nurse suffers intolerably and unnecessarily. Like all post-operative patients they should be turned often from side to side. These patients hold their necks so stiffly that they often develop a pain across their shoulders. They should be encouraged to allow their muscles to relax and also to speak out clearly instead of whispering. A small pillow lengthwise between the shoulders and up the back of the neck helps the pain by making the patient relax.

The day after operation we remove the large dressing and replace it with a strip of gauze sufficient to cover the wound. On the second day after operation every second clip is removed and on the third day the remainder are removed. If the area around the wound appears inflamed we use a Keith's dressing. If serum collects it is aspirated with a sterile needle and syringe. After three days the average patient is over her troubles. She asks for a mirror and begins to take an interest in her appearance and also in her meals. This covers our nursing care of the normal uncomplicated convalescence of a patient following a thyroidectomy.

The nurse who is constantly with the patient should be the first to recognize any sign of trouble so that if possible it may be forestalled. A rising pulse, a rising temperature, and a restless patient are always danger signals. They generally mean a patient is heading for "storm." The treatment for storm is a more concentrated form of the routine treatment, more sedative, more fluids and more iodine. A sedative enema composed of chloral hydrate, grains 20, potassium bromide, grains 60, sodium amytol, grains 3, water, ounces 4, is administered. Ampoules of sodium iodide are available and according to the surgeon's orders 1 c.c. or 2 c.c. are given every one or two hours for five to ten doses into the tube of the intravenous which has been started. In case of extreme restlessness sodium amytol or paraldehyde may be given intravenously in the same manner.

To handle the rising temperature, an alcohol sheet is effective and even more so an ice water enema. This is given with two rectal tubes, one high up to introduce the ice water, and one low down to drain it off. It is one of the most effective methods of reducing hyperpyrexia that we have used.

Another danger signal to be recognized first by the nurse is respiratory difficulty. This may develop into laryngeal obstruction demonstrated by stridor of inspired air, bluing of the finger tips and a general cyanosed appearance of the patient. On the first sign of respiratory trouble the wound should be examined and if the neck appears full the doctor notified immediately. A tracheotomy set should be always available and, if the respiratory difficulty becomes acute, should be set up in preparation by the patient's bed. If a tracheotomy tube is installed the opening should be covered with gauze soaked in saline to insure the inhaled air being moist. If the tube plugs, scrub the hands, remove the inner tube, clear it, boil it and replace it.

Tingling in the hands or a tight feeling in the fingers are usually a sign of interference with the parathyroid and should be reported at once. This is generally accommodated by the administration of calcium either in the form of extra milk, or calcium chloride in solution which may be taken by mouth or given intravenously.

Pre-operative treatment and operation are only the beginning of the patient's cure. We try to arrange that our patients have at least three months free from responsibility for convalescence; one month to be spent in bed, possibly with bathroom privileges, one month up about the house spending eighteen hours out of the twenty-four in rest; the third month taking short walks and drives but having as yet no responsibility in the home. If there has been severe intoxication and a prolonged bed rest is necessary, in order to avoid painful feet on assuming activity the patient is required to wear a stout oxford with low heels; bedroom slippers should never be worn. The patients are sent out with definite written instructions regarding their convalescence. Instructions, of course, have to be stretched sometimes to meet the patient's home conditions. They are kept on Lugol's iodine minims, 10 a day, for six weeks after discharge from hospital and are asked to report back to the surgeon or to the thyroid clinic in the out-patient department in three months' time so that their progress may be followed.

Does the Public Know?

Courtesy of the Bulletin of the American Nurses Association.

Does the community know the difference between a registered nurse, an undergraduate and a so-called practical nurse? Do they employ practical nurses under the misapprehension that it is more economical? Do they know where a hospital orderly's duties stop and a nurse's responsibility begins? Do they know where the nurse's duties stop and the responsibility of the doctor begins? The *Western Hospital Review* doubts that the public knows the answers to these questions. So does C. J. Elsasser, who addressed the California State Nurses' Association on the subject. Mr. Elsasser thinks nurses should be available for public programs and should be represented in community enterprises. The best way to bring this about is through a department of public relations within the association, in his opinion.

Not Good Business

Courtesy of the Bulletin of the American Nurses Association.

It is deplorable that so many hospital directors have been forced to defend their nursing schools solely on the argument of economy, asserts C. Rufus Rorem, Ph.D., of the Julius Rosenwald Fund. The economy argument is deplorable because it is so false, Dr. Rorem declares.

He contends that the continued use of undergraduate nurses as employees interferes greatly with the hospital financing because it not only swells the ranks of unemployed graduate nurses, but also places continuously increasing pressure on the hospital director to relieve the very unemployment that he creates.

The hospital director, by employing student nurses, displaces graduate nurses. These he attempts to placate by urging patients to spend their extra money for the graduate nurse. The patient pays her first, and then uses the extra money, if he has any, to pay the hospital for the services of the undergraduate nurse. The hospital thus becomes a secondary creditor of the patient, this statistician maintains.

Working Together

Courtesy of the Bulletin of the American Nurses Association.

Private duty nurses in California have acquired a new solidarity in working together for the eight-hour day, states Theresa Clare Blim, state private duty chairman, in her annual report. They are taking more interest in alumnae and district meetings. Each section is working on some constructive plan, many of them believing that the eight-hour day is but a beginning in the adjustment of employment and a preparation for the use of leisure for a better development.

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Department of Public Health Nursing

Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto, Ont.

PIONEERING IN THE PEACE

M. CLAXTON, Reg. N., Public Health Nurse, Grand Haven, Peace River District.

I suppose, that as a rule, pioneering, if undertaken in the right spirit, will always bring out the best in people. It tends to foster such virtues as courage, endurance, ingenuity and perseverance, and a dogged determination to win out. And I think that the people among whom I work are no exception to the rule. Owing to the world depression, circumstances are much harder for the new settler than in normal times, but I believe that most of them realize how much better off they are than if living in a city.

A great many of these new settlers, who are now living under most primitive conditions, once owned flourishing farms on the prairies, from which they were driven by a succession of dry years, and repeated crop failures. Some of them , in desperation, just left everything as it stood, shut the door, collected their remaining stock, and set out for a new land. They arrived in covered wagons, having spent many months on the journey. The same covered wagons, with perhaps the addition of a tent, often had to serve as their only home, while they made a clearing in the forest in which to erect their log cabins. Because they had spent their last dollar on the way, their main food supply was often wild meat, and wild berries, when in season, and when ammunition ran out they would resort to snares.

When times are good, or even moderately good, a homesteader can, with perseverance and much hard work, soon begin to feel his feet, and see with satisfaction, the results of his labours. But under the present circumstances, the hardships are trebled, even with the help of Government relief, while the immediate future does not look very rosy. It takes a person of wide and courageous outlook to refrain from grumblings and pessimism. I am proud to say, that it is often the homesteader's wife who possesses this indomitable spirit, and who refuses to give in, or waste time on self pity. Indeed, the homesteader's wife usually has little time to waste on anything. Her resourcefulness and ingenuity fills me with admiration. Not only do they manage somehow, to keep their families fed and clothed on the meagre supplies available, but make a brave attempt to make the little home attractive. Nevertheless, housing conditions leave very much to be desired, and terrible overcrowding is the general rule.

Added to the financial depression, last year's long hard winter, with its exceptionally heavy snowfall made the hardships of these settlers much greater. Thanks to the Canadian Red Cross, the Imperial Order of the Daughters of the Empire, and other organizations, large quantities of warm clothing were sent in for distribution, but owing to the great dis-

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LONDON

tances, the often impassable trails, and the difficulty of the people getting out because of insufficient clothing, distribution has not been easy. The great problem up here now, and one which has persisted for some time, is the serious shortage of feed. Large numbers of horses have already starved to death. Inability to feed the milk cow, has resulted in a sadly diminished milk supply, with the subsequent ill effect on the children.

Nevertheless, in spite of hard times, the settlers in this northern part of the Peace River now have many advantages, not available to the settler who came in a few years ago. Then, all sick people needing hospital care had to undergo a long and difficult journey by road and river. Now, a resident doctor, and a well-equipped hospital are available to meet the needs of the sick north of the Peace, and serve a very large area.

Another great convenience to the settler is a grist mill, where he may take his grain, and have it converted into flour, bran and shorts, and this without the payment of cash, payment being made by leaving a proportion of the grain. This does away with that long haul to railhead, which was so expensive and difficult.

My work among the settlers, as public health nurse, is very varied and interesting, and the unexpected is always happening. My chief mode of transportation is horseback, and "Major", an ex-police horse, is my staunch friend and ally. My headquarters is a small Red Cross Outpost where, when necessary, I can take a couple of patients. Since the advent of the hospital, this has become less necessary, and the advisability of moving the outpost further north, or to a more isolated part is being considered.

IODINE PROPHYLACTIC TREATMENT

ANNE F. GRINDON, Reg. N., Nurse in charge, Provincial Public Health Nursing Service,
Kelowna Rural Districts, British Columbia.

In connection with the improvement of defective conditions an interesting experiment has been conducted by the Kelowna Rural Schools Health Association on behalf of those children suffering from enlargement of the thyroid gland (goitre) and enlarged tonsils. It has long been known that one of the reasons for enlargement of the thyroid gland in children is due to lack of iodine in the food or water intake. There is much of this trouble among the children of British Columbia, more especially in the interior of the Province.

If allowed to continue unchecked, the first ill effects noticed are nervous symptoms, with quickening of the heart beat and too rapid burning up of the food taken into the body, often associated with an underweight condition. Later on pathological changes take place in the thyroid gland itself with serious symptoms supervening, and a major operation for removal of the gland is indicated.

A medical examination of 633 school children showed 548 suffering from various degrees of enlargement of the thyroid (simple goitre) or of the tonsils. These conditions were brought to the attention of the teaching staff in twenty-one classrooms, also to parents by the distribution of explanatory pamphlets, asking for the consent of parents to the administration in the school of a small daily dose of tincture of iodine to all those children found affected after examination by the school medical officer. Three hundred and ninety-four parents gave consent to this treatment, which was accordingly carried out by teachers daily in the schools. The degree of enlargement found in each child was graded by the School Medical Officer, and results noted and re-graded in two subsequent examinations covering a period of six months.

Final results were found to be most satisfactory. Throughout all the schools, the average of improvement in the condition of enlarged thyroid gland was found to range from 47% to 86%, and in enlarged tonsils from 25% to 51%. The best response to the iodine treatment for goitre was found, in every school, in children of the higher grades (ages 10 years to 17 years). The same result was found in children suffering from various degrees of enlargement of the tonsils, with the exception of two classrooms, where the defective condition was found to be increased in the case of four children with very much enlarged and probably infected tonsils.

In another classroom, the degree of enlargement of the thyroid gland was found not improved but increased, after six months iodine treatment. The School Medical Officer concluded that this child probably had a goitre of the adenomatous type in which actual change of cell structure had taken place. This type of goitre is not improved by the administration of iodine as in the case of simple goitre.

This interesting experiment, extending over a period of six months, shows very clearly the benefit of the regular administration of a small daily dose of tincture of iodine for five days in the week, to all children with simple goitre and enlarged tonsils. The appreciative thanks of the School Health Service is specially due to all those teachers who were willing to undertake the giving of the daily dose of iodine in the interests of the children and of school research work. It is hoped that this experiment with its successful results may be found to be of benefit to other schools in British Columbia.

Manitoba Fights Cancer

In order that this great problem might be handled more satisfactorily the Cancer Relief and Research Institute was set up in Winnipeg in 1930 for the benefit of the citizens of Manitoba. It has secured radium, and has constructed and is now operating an emanation plant. It has assisted in establishing tumour clinics in larger hospitals. *It ensures that no one in Manitoba is deprived of radium treatment through inability to pay.* It is endeavouring, within its means, to inform the citizens of Manitoba regarding the treatment and care of persons afflicted with cancer.

The Institute is not a commercial enterprise; nor is it a government department. Though it secures some revenue from paying patients, it had a deficit last year of $6,437.21. At present more than half its service is furnished free, as the patients cannot pay and in such cases it is understood that the doctors' services are given free of charge. If its services are to be maintained, the citizens of Manitoba must raise approximately seven thousand dollars to carry it for another year. It is expected that half this amount will be raised in Winnipeg and half in the rest of Manitoba. Its services have been furnished in about equal proportions to Winnipeg and to the rest of Manitoba.

Its principal aims are:

To inform the public regarding the services furnished by the Institute.

To impress upon them the urgency of early treatment to secure success.

To secure funds so urgently needed to continue operation.

HEALTH ORGANIZATIONS AND RELIEF

FYVIE YOUNG, Reg. N., Public Health Nurse, Cowichan Health Centre, British Columbia.

It is necessary to consider relief work in terms of safety in connection with a health organization because public health is still a growing science. In its course of development from the filth and lack of care of the middle ages to the present century, progress has been slow, spurred on at intervals by the vision and work of such men as Jenner and Pasteur who were able to grasp a problem and its significance and apply a solution.

It has been proved in the examination of large numbers of people, as during conscription for the World War, that most adults are not in perfect health and that their imperfections are due either to neglect of the fundamental laws of health on their part, or to the effects of conditions present in childhood that were preventable. The constructive programme of public health adopted since the war has been educational in order to avoid, as far as possible, these imperfections in the growing generation by teaching them the value of good health and how to keep it.

To the public health nurse belongs the work of carrying the programme into the home, and with this in view, her training has included instruction in social and mental hygiene, child welfare and public health, as well as the technique of nursing care. A store of knowledge is thus provided that will help her to meet most situations that may arise and that may be an important point of contact with the family for future work. There must be an element of confidence present before the average adult will accept the theory of prevention and honestly try to live up to the laws of health with the idea of keeping well. That confidence is almost automatically given to the person who is able to help out in an emergency whether the cause be mental, financial, or because of illness.

In a generalized public health programme, where the nurse has, at various times, to do a little of everything, no situation that may have a future significance is too slight to be considered particularly if it is likely to influence community opinion. However, she must divide her time according to the relative importance of the work to be done, especially its future importance, placing the emphasis on the educational side as it affects children, before birth, during infancy and pre-school and school ages.

The popular conception of a nurse is of someone who is trained to care for the sick, to make them comfortable and, if possible, help restore their health. At first the nurse has the same idea about herself; there is a fascination about actual nursing, the satisfaction of being able to make a patient comfortable—and grateful—that, on the district, leads from one visit to another. Bedside nursing in comparison with other branches of district work demands more time than results warrant. A great deal of nursing care is routine and can be well carried out by a member of the family once she has been properly instructed by the nurse, who can be on call in case of special need, but is free to do other work. Any case that is too seriously ill to be left requires continuous nursing or hospital care.

At this point one comes to the problem of care in sickness of people living on relief. A class of people, normally self-supporting, has been rendered dependent because of lack of work and is in need of the necessities of life—food, shelter, and care in sickness. The first two are provided through relief allowances and community help, but the last is a special problem because it requires the services of trained people. Doctors are doing wonderful work, giving their time and services, but they cannot carry on alone. Where must they look for nursing help? Presumably the situation is a temporary one. These people are potential earners who will again pay their way when work is available. The established institutions for providing nursing care are best able to give more, now, at less additional cost because they have the facilities already in use, approximately the same running expenses, and an opportunity in the future of getting some return.

To the health organizations the question becomes one of policy. Co-operation is everything in carrying on public health work, and any public health nurse gladly puts her shoulder to the wheel to give an extra turn when it will help. She can help with home nursing within the limits described above without sacrificing time that should be used for other work. One questions whether it is worth eliminating any part of an educational programme in order to solve a problem that is not permanent, when from a public health viewpoint, to do so is a backward step. There are so many more members of a community who are able to nurse than there are those who are fitted to teach public health. It is not that the latter are attempting to avoid more work in the popular sense of the word, but simply that they want to make better use of their time and to exert a wider influence over the coming generation, on whom rests the hope of future Public Health.

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Interesting Sidelights

Courtesy of the Bulletin of the American Nurses Association.

The role of hostess to new patients admitted to the University of Colorado Psychopathic Hospital is assigned to a graduate nurse with post-graduate training in psychiatric nursing. The hostess introduces each new patient—unless he is particularly disturbed — to the ward nurses, shows him about the hospital and explains hospital routine and treatment. She visits the new patient daily for ten days, noting any point that may be of value to the doctors in their treatment of the case. The hostess also meets the patient's relatives and explains hospital routine and regulations to them.

Nurses at this hospital receive a course of twenty lectures in recreational therapy. The instructor teaches tennis, physical exercises and games to nurses and patients, wisely grouping the patients according to their capabilities. She and some of the nurses are present at meal times occasionally eating with the patients to stimulate lagging appetites and conversation. The nurses carry the load of the recreational program, thus permitting its director to give time to individual patients who do not fit readily into groups.

Another interesting feature of the hospital is its open wards. Two wards, with outside entrances, are given over to men and women considered by doctors and nurses as capable of getting along without constant supervision. From 8 a.m. until 5 p.m. these patients may leave the hospital unaccompanied. They note in the register their names, where they plan to go and when they expect to return. They must be in on time for meals and treatments. The open wards have been in operation for a year, and the psychological effect is excellent, according to Louise Kieninger, R.N., director of nursing.

Book Reviews

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Nervous and Mental Diseases for Nurses, by Irving J. Sands, M.D., Associate in Neurology, Columbia University; Associate Visiting Physician, Neurological Institute, New York; Attending Neurologist, Brooklyn Jewish, Bethel, Kingston Ave., and Coney Island Hospital; Consulting Neurologist, Brooklyn State and Rockaway Beach Hospitals, N.Y. Second Edition, Revised, 1933. 281 pages, illustrated. Cloth, $2.00. Published by W. B. Saunders Company. Canadian Agents: McAinsh & Co. Limited, Toronto.

In this book there is an attempt to cover a very wide field and to include, in less than three hundred pages, an immense amount of material, from neuro-anatomy to psycho-analysis. An effort has been made not only to give the necessary medical knowledge on which the nursing of neurological and psychiatric patients may be based, but also to describe the actual nursing procedure involved. These descriptions are, perhaps, the least valuable part of the book.

The first four chapters on neuro-anatomy, the endocrines, elementary medical psychology, and the common neurological disorders, constitute almost half the entire book. They are necessarily brief, but have condensed a great deal of information in a clear and definite way; they are well illustrated and are excellent from a nurse's point of view.

The second division of the book discusses mental disorders. The whole large group of psychogenic psychoses is dealt with in one chapter. In discussing these, the developmental approach is little utilized, while the possibilities of prevention and the nurse's duty of health teaching are not touched on. There is, however, in a later chapter, a very useful summary of mental hygiene principles, and here the nurse's preventive responsibility is more stressed.

Chapter XII is an explanation of the Freudian mechanisms and terminology and the types of cases for which psycho-analysis is used. The author maintains that nurses as well as physicians can utilize psycho-analytic knowledge to their own advantage and that of their patients.

In Chapter XIII, under *Special Nursing Procedures,* one is somewhat amazed to find restraint listed, and moreover, packs and continuous baths explained under this caption. It is even more disconcerting to find the old-time camisole recommended.

While the book contains much valuable information from a distinguished and reliable source, one would hesitate to recommend it as a nursing text. Due perhaps to the amount of material covered, it is hardly thorough. Dr. Sands' aim in revising his book has been *to give the average pupil and graduate nurse a basic understanding of the pathological processes in each neuro - psychiatric disorder.* A smaller number of types of mental disease treated broadly from a preventive and mental health standpoint, and illustrated by concrete case material would probably be more effective in developing in the student the type of nursing approach needed for this group of patients.

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Handbook of Hospital Management.—Announcement is made of the publication of a *Handbook of Hospital Management,* a compilation of the resolutions, committee findings and formal recommendations of the American Hospital Association and other agencies serving the hospital field.

The handbook has been compiled by Matthew O. Foley, editorial director of *Hospital Management,* and represents a search of more than two hundred documents, including transactions, committee reports, and annuals, as well as study of numerous constitutions and by-laws of hospitals and hospital staffs.

The material is assembled in convenient question and answer form, in eleven chapters. Besides general definitions of hospitals, there are chapters on organization and function of board, administrative department, staff, and chapters on National Hospital Day, public relations, women's auxiliaries, outpatient service, and on principles and accepted practices relating to business and professional statistics and reports.

Student nurses will find this handbook a valuable addition to their elective reading. It also is intended as a practical aid to nurses interested in hospital administration and as a textbook for courses and institutes featuring this subject.

The handbook contains 120 pages and its price is one dollar. Copies may be had from Matthew O. Foley, Downers Grove, Illinois, U.S.A.

The Brilliant Non-Conformist

Courtesy of the Bulletin of the American Nurses Association.

The brilliant student who does not always fall in line with every school regulation finds a defender in Edith M. Potts, R.N., who is developing a battery of psychological tests that will aid in the selection of applicants for admission to schools of nursing. Her experimental work is being done through a fellowship granted by the Rockefeller Foundation. Miss Potts says we have been told so often that the person with superior intelligence is not able to meet situations of emotional stress that we have almost come to believe it. Scores made by student nurses refute this theory. Those of high intelligence are found, for the most part, to occupy the middle ground on emotional sensitivity charts.

Miss Potts remarked that: "Perhaps, in view of these figures, we shall need to revise somewhat our long held opinion that the intelligent girl is unable to adapt to situations and consider the situations to which we have asked her to adapt. May not some of her non-adapting have been due to the fact that she was seeing the situation clearly enough to know that it was one which should not be adapted to, but fought? We must learn to be honest with ourselves." Miss Potts made a progress report on her studies at the convention of the National League of Nursing Education in Chicago last June.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary

The Sections

Since this department first appeared in the *Journal* six months ago, an endeavour has been made toward having members of the Canadian Nurses Association, namely, the members of the provincial registered nurses associations, become informed of the activities of the C.N.A. and the machinery by which these activities are carried on.

There have been published brief descriptions of the Executive Committee (the governing body), the Standing and Special Committees and the National Office. In addition to these, the work of the C.N.A. is carried on through three National Sections, namely, Public Health, Private Duty and Nursing Education.

Organization and Finance

In 1918, when there was an extensive revision of the Constitution and By-Laws of the C.N.A., provision was made for the formation of these Sections under Article VI as follows:

> Upon the approval of the members in general meeting any group of members interested in a special branch of nursing may form a section, such section to be known as the " . . . Section of the Canadian Nurses Association".
>
> Any standing committee dealing with a particular branch of nursing shall cease to exist when a corresponding section is formed.
>
> All By-laws of Sections shall be approved by the Executive Committee before adoption.
>
> Any resolution affecting the Association as a whole shall be approved by the Association in general meeting or by the Executive Committee before final adoption.
>
> A report of all meetings of sections must be sent to the President and Secretary of the Canadian Nurses Association.

Subject to these regulations the Public Health Nursing Section was formed in 1920 and that of Private Duty Nursing, one year later. The first nationally organized body of nurses in Canada was The Canadian Society of Superintendents of Training Schools (1907) which, in 1916, became the Canadian Association of Nursing Education and, in 1924, amalgamated with the Canadian Nurses Association as the Nursing Education Section.

To belong to a section, a nurse must be a member in good standing of a provincial registered nurses association. The officers are elected from section members at biennial meetings. The executive council of each section consists of the officers and a member elected from the corresponding provincial sections or committees.

The chairman of each national section is a member of the C.N.A. Executive Committee. The corresponding provincial chairmen are also members of the same committee.

Each of the three sections is financed through an annual grant of $150.00 from the treasury of the C.N.A. Provision for these grants is included in the annual budget for the financing of the C.N.A. and the National Office.

Objectives

The chief objective of the public health nursing section is the advancement of public health service given by members of the C.N.A. Membership is open to all nurses engaged or interested in public health work who are members of a provincial registered nurses association. The Section has been active in stimulating interest and support toward public health courses for nurses in Canadian universities, thus making provision for the education, development and training of nurses for the public health field.

The private duty nursing section aims to establish a mutual understanding between this and other branches of the profession and to create unification within the group throughout the Dominion.

The nursing education section exists in order to advance the educational standards of all branches of nursing, both graduate and undergraduate. All matters affecting nursing education are its special responsibility.

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

Vancouver: The autumn meeting of the Graduate Nurses Association of British Columbia will be held October 7, 1933, at the Auditorium of the Vancouver General Hospital. Meetings of the three sections—public health nursing, private duty nursing and nursing education—and a round table for all members will be held in the morning. A business meeting, followed by an address by Miss Ethel Johns, Editor of *The Canadian Nurse*, will be held in the afternoon of the same day, and at night a dinner will be arranged at which Miss Johns will speak.

MANITOBA

Winnipeg: Two important meetings took place in Winnipeg during September when the second bi-ennial convention of the Canadian Hospital Council was held at the same time as the annual meeting of the Manitoba Medical Association.

Discussion at the sessions of the Canadian Hospital Council was centred round the following general topics: hospital legislation, public relations, construction and equipment, finance, problems of small hospitals, administration and statistics, relations between the medical profession and the hospitals, research. Subjects of special interest to nurses included the place of nurses as anaesthetists and the incidence of tuberculosis among nurses.

NEW BRUNSWICK

Saint John: Miss Charlotte Brown, R.N., is convalescing after her recent operation. Friends will be sorry to hear that Miss Nellie Floyd, R.N., is a patient at the Saint John General Hospital.

Miss Ada Burns, Miss Maude Retallick, Miss Jane Patchell and Mrs. Duncan Smith have returned recently from Europe.

Mrs. Sanderson (Bess Wilson) has returned to her home in Prince Albert, Saskatchewan.

Mr. and Mrs. Allen Dingee (Ella Cambridge) have returned from a motor trip to the World's Fair at Chicago.

NOVA SCOTIA

Halifax: Miss Victoria I. Winslow, superintendent of the Children's Hospital, Halifax, has returned from a holiday spent in Montreal, Toronto and Lindsay.

ONTARIO

District 1

Chatham: St. Joseph's Hospital, Chatham, was the scene of a happy reunion on July 4, when the reverend Sisters entertained the graduates of the class of 1908. The Jubilee Class arrived in old-fashioned costumes and the guests were greeted by the Reverend Mother Superior and members of the staff. During the afternoon, Dr. J. W. Rutherford, M.P., one of the few remaining physicians who attended the hospital twenty-five years age, called and extended his congratulations. The guests were invited to inspect the hospital and grounds and dinner was served in the evening. The student nurses had prepared a delightful programme. Musical numbers were presented by Mildred Mistele, Mary Longon, Ruth Middlemiss and the Choral Club. Seven student nurses, dressed in uniforms, as worn twenty-five years ago, brought the entertainment to a climax as they made their appearance bearing the 1908 class picture and singing, "For they are jolly good fellows." Members of the Jubilee Class who were present included Sister M. Elenis, Sister M. Raymond and Reverend Mother Philomene of London; Mrs. T. E. Durrocher, of Grace Hospital, Windsor; Miss Angela McOthargy and Miss Lillian Long of Detroit; Mrs. J. Reid (Mabel Jenner), of Toronto; Mrs. J. Kelly (Lorretta Kelly), of Winnipeg; Miss Emma Reighry and Miss Lillian Richardson of Chatham. Other guests were Miss Mary Doyle, president of the Alumnae Association of St. Joseph's Hospital, Miss Jean Lundy, Miss Felice Richardson, and Miss Anne McOthargy, of Detroit.

On July 5, the members of St. Joseph's Alumnae Association held their annual picnic at Rondeau Park with a good attendance. Games and water sports were enjoyed during the day and dancing was popular in the evening.

Married: In June, 1933, Miss Mary E. Bedell (Public General Hospital, Chatham, 1928), to Mr. Douglas Ferguson.

Married: On July 24, 1933, at Nakusp, British Columbia, Miss Gertrude Hillman (Public General Hospital, Chatham), to Mr. William F. Eggins, of Vancouver.

Petrolea: The Alumnae Association of the School of Nursing of the Charlotte Eleanor

Englehart Hospital was organized last Spring. Its officers are as follows: *Honorary President*, Miss F. C. Ritchie; *President*, Miss V. Drope; *Vice-President*, Miss M. McPhedran; *Recording Secretary*, Miss S. Wilson; *Corresponding Secretary*, Miss M. Taylor; *Treasurer*, Mrs. W. Wilson; *Convener Social Committee*, Miss V. McRae; *Convener Programme Committee*, Miss O. Mannen; *Convener Sick Visiting Committee*, Miss C. Simpson.

DISTRICTS 2 and 3

BRANTFORD: An executive meeting of Districts 2 and 3 will be held at the Nurses' Residence of the Woodstock General Hospital on September 15, when Miss Helen L. Potts, superintendent, Woodstock Hospital, will act as hostess. The annual meeting of the Districts will be held in Brantford the middle of October.

The first meeting of the fall session of the Alumnae Association of the Brantford General Hospital, was held on September 5 in the Nurses' Residence, with the president, Miss K. Charnley, in the chair. We were pleased to welcome back Miss Rae Isaac who is on furlough at the present time, from China. Miss Edith Jones read a very interesting letter from Mrs. A. A. Scott (Happy Day), of the class of 1918, B.G.H., telling of her vacation in the Hill District in India. The meeting closed with a social half-hour.

A reunion of the class of 1921 of Brantford General Hospital, which took the form of a picnic, was held on August 11, at Port Dover. The following members of the class were present: Misses Florence Westbrook, Jessie Edmondson, Ida Martin, Mrs. W. Andrews (Clare Kelly), and Miss Jessie M. Wilson.

Graduates of the Brantford General Hospital School for Nurses will regret to learn of the death of Dr. T. H. Bier who for many years has been the lecturer in obstetrics.

Miss Dora Arnold, of the staff of the Brantford General Hospital, and Miss Mary Meggitt, have returned from attending the International Congress of Nurses. Miss Meggitt is relieving Miss Florence P. Stewart, night supervisor of the Brantford General Hospital, who is at present on her vacation.

Miss B. Hastings, of Coldwater, Michigan, and Miss I. Pearson of Toronto, members of the class of 1910, Brantford General Hospital, were recent visitors.

GUELPH: Miss Dora Lambert has recently been appointed to the staff of the Ontario Hospital at Woodstock.

Miss A. Campbell is in Northern Ontario, spending her vacation with her sister Miss Beatrice Campbell of Winnipeg.

A miscellaneous shower was held in the Nurses' Residence, Guelph General Hospital, on August 11 for Miss Ena Elliott, and on August 29 for Miss Inez Inglis.

Miss Fennell of the Victorian Order of Nurses, is having two months vacation. Miss Scales is supplying for Miss Fennell.

MARRIED: On August 12, 1933, at Guelph, Ontario, Miss Ena Elliott (G.G.H., 1932), to Mr. Nelson Couling, of London, Ontario.

MARRIED: On August 2, 1933, Miss Elizabeth A. (Betty) Speirs (class of 1929, B.G.H), to Mr. Joseph Perkins, of Brantford. Ontario.

DISTRICT 4

MARRIED: On September 2, 1933, at St. Anne's Church, Miss Eleanor Hewitt (St. Joseph's Hospital, 1930), to Mr. Murray Berry, of Edmundston, N.B.

MARRIED: On September 2, 1933, in Thamesford, Miss Helen McMillan (St. Joseph's Hospital, 1931), to Mr. C. Shaver, of Ancaster.

DISTRICT 5

TORONTO: Among the members of the Toronto General Hospital Alumnae Association, who attended the International Congress this summer at Brussels and Paris were, Miss Jean I. Gunn, Superintendent of nurses, and an enthusiastic member of the Grand Council; Miss Purdy, Superintendent of Private Patients' Pavilion, Miss Florence Patterson, Miss Janet McMillan, Miss Edna McKinnon, Miss Mary Shaffner, Miss Forgie, Miss Dent and Miss Turnbull.

Miss Miriam Morris, formerly head nurse in Ward C has recently resigned.

MARRIED: On August 1, 1933, at Stratford, Miss Marie Kastner (T.G.H. 1917), to Mr. Norman Cheadle, of St. Catharines.

MARRIED: On August 22, 1933, at Sherbrooke, Que., Miss Elizabeth Duff Harris (T.G.H. 1929), to Mr. John Chalmers, of Toronto.

MARRIED: On July 22, 1933, at Christ Church. Toronto, Miss Irene Hennessey (T.G.H. 1923), to Dr. Strachan Harris, of Kirkland Lake.

MARRIED: On July 29, 1933, at Knox College Chapel, Miss Maye Lucas (T.G.H. 1930), to Mr. Hugh Allan.

MARRIED: In August, 1933, at Otterville, Miss Pauline Fish (T.G.H. 1929), to Mr. Wm. McDowell.

Married: On July 28, 1933, at Banff, Miss Rae Shipman (T.G.H. 1921), to Mr. Alex Currie, of Edmonton.

Married: On August 12, 1933, at Toronto, Miss Margaret Whitehead (T.G.H. 1931), to Dr. Wilson MacTavish, Toronto.

Toronto: The fourth annual meeting of the Alumnae Association of the Hospital Instructors and Administrators of the University of Toronto was held in the School of Nursing, 7 Queen's Park. After the business meeting tea was served and Miss Nagle presided at the tea table, which was prettily decorated in blue and yellow. A number of members from out of town were present.

District 7

Kingston: Miss Mabel Gardiner, Miss Mary Bird and Miss Ethel Rutledge (K.G.H. 1933), are doing post-graduate work in the Kingston General Hospital.

Miss G. Rowdon of Sudbury, Miss L. Wager of Deseronto and Miss H. O'Grady of Kingston have completed a year of post-graduate work in the Kingston General Hospital.

Miss Vonnie MacMartin (K.G.H. 1931), has accepted a position in the Cancer Clinic of the Kingston General Hospital.

Married: A wedding of interest to graduates of the School of Nursing of the Kingston General Hospital was solemnized on August 26, when Miss Helen Graham (class of 1930), eldest daughter of Mr. and Mrs. J. A. Graham of Kingston, became the bride of Mr. Dougald John MacPhail, of Kingston. Mr. and Mrs. MacPhail will reside in Cornwall, Ontario.

District 8

Ottawa: The Reverend Sister Josephat, Superior of the Ottawa General Hospital, has been appointed Bursar of the Community of the Gray Nuns of the Cross. She has been replaced in the hospital by the Reverend Sister Alice de Marie.

Miss Juliette Robert, night superintendent of the Ottawa General Hospital and past president of the Alumnae Association, attended the International Congress of Nurses in Paris. Miss Therien, Miss Lucille Vatequet, Miss Anna Kilduff, Miss Aussan and Miss Brule also enjoyed this privilege.

QUEBEC

Montreal General Hospital: Six graduates of the Montreal General Hospital School for Nurses are attending the McGill School for Graduate Nurses this year. The group includes: Miss Marjorie MacKinnon (1932), taking the course in public health; Miss Catherine L. Anderson (1932), taking the course in teaching in schools of nursing; Miss Muriel E. Hunter (1930), taking the course in public health. All three have been awarded scholarships provided by the Mildred Hope Forbes Memorial Fund. Miss Lyle Willis (1930) has been awarded a scholarship by the Shriners Hospital and will take the course in public health, as will Miss Evelyn Pibus (1928) who has been awarded a scholarship by the Association of Registered Nurses of the Province of Quebec. Miss Elizabeth Moffat (1932) has also chosen public health as her course of study.

A reunion of some of the Montreal nurses who attended the I.C.N. in Paris and Brussels, took place recently at the Nurses' Residence of the Montreal General Hospital, where Miss J. Murphy and Miss M. Batson entertained the following to tea: Mrs. Sare, Misses C. Barrett, B. Herman, M. L. Brown, H. Stewart (M.G.H.), Miss M. Lindeburgh (School for Graduate Nurses, McGill University), Miss Jean Wilson (National Office), and Miss Costello and Miss Tansey (V.O.N.).

While in London some of the M.G.H. graduates had the pleasure of seeing Miss D. McCarogher (1923), who is on the staff of St. Thomas's Hospital at present but in the near future hopes to resume her work with the Universities Mission to Central Africa.

Miss Dorothy R. Colquhoun (1933), leaves in September to take a six months' course in the Psychiatric Hospital, Toronto.

Miss Norena S. Mackenzie (1926), who has been in England and Scotland for eight months in order to observe teaching in the schools of nursing of the various hospitals, is now in her old position as a member of the teaching staff of the M.G.H. Miss Margaret J. Denniston (1929), whom she replaced, is in charge of Ward C.

Miss Bertha A. Birch (1912) who for so long was supervisor of the operating room and assistant to Miss Craig, is now the night supervisor of the Western Division.

With the opening of the new service building of the Western Division, Miss Beatrice A. Dyer (1912) resigned her position in the diet kitchen, and is now in charge of the private wards.

Friends of Miss Elizabeth Wright will be glad to hear that, after spending so long a time as a patient in the M.G.H., she is now enjoying the mountain air at her brother's cottage at Lac Paquin.

Married: On August 19, 1933, at Iberville, Quebec, Miss Jessie Elizabeth Bressee (Montreal General Hospital, 1927), to Mr. John Henry Jackson, of New York.

Married: On September 2, 1933, at Montreal, Miss Mary Raeburn (M.G.H. 1928), to Mr. John Stewart. Mr. and Mrs. Stewart will reside in Montreal.

Married: On September 2, 1933, at Cowansville, Quebec, Miss Glenna Doherty (M.G.H. 1930), to Mr. R. R. Buchanan. Mr. and Mrs. Buchanan will reside in Montreal.

Married: On September 2, 1933, at Westmount, Quebec, Miss Edwina Fischer (M.G.H. 1930), to Dr. Robert Parmley. Dr. and Mrs. Parmley will make their home at Penticton, British Columbia.

Married: On September 5, 1933, at Montreal, Miss Eileen Kavanagh (M.G.H. 1931), to Dr. Stuart MacKinnon. Dr. and Mrs. MacKinnon will reside at Rouyn, Quebec.

SASKATCHEWAN

Prince Albert: The Prince Albert Graduate Nurses Association was reorganized in March 1933. Meetings are held the second Tuesday of every month. A study of Dr. Weir's *Survey* of Nursing Education is being taken up at the meetings. The officers of the Association are: *President*, Miss M. Montgomery, Prince Albert Sanitorium; *First Vice-President*, Miss D. Ballantyne; *Second Vice-President*, Miss I. Faucett; *Secretary Treasurer*, Miss A. Delbridge, Prince Albert Sanatorium; *Conveners of Committees: Private duty*, Miss P. Wilbee; *Public Health*. Miss R. Morrison; *Social*, Mrs. R. N. Kirkley; *Sick visiting*, Mrs. J. Harry; *Educational*, Sister Simposia.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

A Pilgrimage to Le Tréport

Before leaving Canada to attend the International Congress of Nurses, I made up my mind that, if possible, I would revisit old scenes at Le Tréport (where I spent a year at No. 2 Canadian General Hospital from May, 1915, to May, 1916), and write something about it for Sisters who were stationed there.

On Sunday, June 9, the day before the Congress began, Mrs. W. T. Allan (Ruby Ackitt) and I left Paris by train at 8.15 a.m. and were leaning over the harbour wall looking at the old fishing fleet before noon. We walked about the narrow cobbled streets visiting the souvenir shops, and I sent cards to Miss Rayside and Miss Smellie and bought a fisherman's cap candy box for Isabel Galbraith. Madame at the St. Yves shop (you will remember that she sold china and jewelry) delighted me by understanding my halting French story of who I was, and of the lovely Galle glass vase I had bought from her seventeen years ago and so, of course, we bought some more things. We had lunch at the Hotel de Plage where many of you have lunched, taken tea, or perhaps had a bath, as I did in 1915. The old waiter who was there in those days actually served our lunch and bowed to the ground when *Madame, la proprietaire,* who, fortunatedly, spoke a little English, told him how well I remembered him.

After lunch we went up on the old funiculaire and stood near the Crucifix at the top of the steps, looking down on the harbor and out across the Channel sparkling in the sun. As Madame at the St. Yves had told us, the Trianon Hotel (No. 3 British) has been closed for more than a year and looks very dejected and needs a coat of paint and new glass in many of the windows. And, would you believe it, not a sign of our old camp—no one would dream there had ever been rows of tents and, later, tin huts and wooden huts as far as the eye could see. Instead of all the little gardens in front of the wards with their maple leafs and "Canadas" made of colored glass and stones there was just waving yellow grass. Memories came back as we walked along the cliff where the Sisters' bell tents stood in rows all that first summer, and fell down so ignominiously in the equinoctial gales in the fall. Descending by funiculaire, we spent a lazy two hours at a grand new bathing station called Le Frigate, not far from the old Casino. It was so crowded we had to wait our turn for cabins where we donned bathing suits for a swim. Years have not change the Frenchman's estimate of the size of the pocketbook of Les Anglaises and we paid two prices, probably, for chairs and gay umbrellas. After tea on the terrace at Le Frigate, we strolled back to the station to find crowds of excursionists returning to Paris. Third class carriages were overflowing so all late-comers were bundled into first class, regardless. Some men in the compartment next ours organized crab races in the corridor by way of diversion. One of the contestants came into our compartment and we never did find him, but such excitement shortened our journey and we pulled into the Gare du Nord that evening after a lovely day on the coast of Normandy.

C. ETHEL GREENWOOD,
Toronto.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON

. . . OFF . . . DUTY . . .

Nobody should go . . . to the Maritimes . . . twice in one summer . . . here we are . . . just getting back . . . to dull reality . . . and some degree . . . of sanity . . . after going to Nova Scotia . . . when off we went again . . . to New Brunswick . . . and to Charlotte County at that . . . we saw Saint Andrews . . . by the Sea . . . and the island . . . in the Saint Croix River . . . where Champlain landed . . . in sixteen hundred and four . . . then there was Greenock Church . . . completed in 1824 *. . . built of wood . . . brought out from Scotland . . . high up on its outside wall . . . just below the belfry . . . is a curious tree . . . made of metal . . . it is an oak . . . its branches and leaves . . . as strong and fresh . . . as though it were . . . rooted in earth . . . as well as in air . . . that church . . . and Champlain's island . . . taught us more . . . about New Brunswick . . . and its people . . . than is learned from books . . . here and there . . . among the sea pines . . . the scarlet banners . . . of the maples . . . were beginning to flame . . . and all about . . . lay the sea . . . at Saint Stephen . . . beside the Saint Croix River . . . they have made a hospital . . . out of a beautiful old house . . . twice a day . . . the tide ebbs and flows . . . and the patients lie there quietly . . . and watch it . . . and listen to the crows and gulls . . . squabbling over queer finds . . . they dig up . . . at the water's edge . . . this seems the sort of place . . . patients ought to be . . . the patients we saw . . . seemed to think so too . . . in Charlotte County . . . the lovely art of weaving . . . is not given over to machines . . . the wool is grown . . . the threads are spun . . . the loom is set . . . by Charlotte County women . . . in their homes . . . strange and lovely dyes . . . make up the patterns . . . gray for the mist and rain . . . brown for the rocks . . . blue for the sea . . . gold for the sunset . . . purple for the mountain ridges . . . crimson for the maples . . . green for the sea pines . . . the landscape itself . . . is entangled . . . in the warp and woof . . . delicate yet strong . . . sombre yet gay . . . like the people . . . who live down there . . . when we go to bed . . . on cold nights next winter . . . we shall gather . . . the mantle of our couch . . . about us . . . in a lordly manner . . . not every one . . . is privileged . . . as we are . . . to wrap themselves up . . . in a Charlotte County sunset . . . entangled in the threads . . . of a mist . . . something tells us . . . that we shall return . . . to the Maritimes . . . some day . . . those weaving women . . . in Charlotte County . . . have cast a spell over us . . . and will draw us back . . . into their web . . . delicate yet strong . . . sombre yet gay . . . which has been . . . in the weaving . . . since sixteen hundred . . . and four . . . also we have a brief . . . for those noisy crows . . . who trouble the sleep . . . of nurses in Saint Stephen . . . one of these heartless women . . . in sheer exasperation . . . once tried to shoot . . . a very black one . . . of course she missed . . . he was not behind her . . . the last time we saw him . . . he was fighting a gull . . . and swearing horribly . . . she will never get him . . . and we are glad . . . he has been there . . . since* 1824 *. . . the year they completed . . . Greenock Church . . . where the tree is . . .*

Official Directory

International Council of Nurses:

Secretary, Miss Christiane Reimann, 14 Quai des Eaux-Vives, Geneva, Switzerland

CANADIAN NURSES' ASSOCIATION

Officers

Honorary President	Miss M. A. Snively, General Hospital, Toronto, Ont.
President	Miss F. H. M. Emory, University of Toronto, Toronto, Ont.
First Vice-President	Miss R. M. Simpson, Parliament Bldgs., Regina, Sask.
Second Vice-President	Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary	Miss Nora Moore, City Hall, Room 309, Toronto, Ont.
Honorary Treasurer	Miss M. Murdoch, St. John General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss B. A. Emerson, 604 Civic Block, Edmonton; (4) Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

British Columbia: (1) Miss M. F. Gray, Dept. of Nursing, University of British Columbia, Vancouver; (3) Miss M. Duffield, 175 Broadway East, Vancouver; (4) Miss M. Mirfield, Beachcroft Nursing Home, Cook St., Victoria.

Manitoba: (1) Miss Jean Houston, Manitoba Sanatorium, Ninette; (2) Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg; (3) Miss A. Laporte, St. Norbert; (4) Miss K. McCallum, 181 Enfield Crescent, Norwood.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss Ada Burns, Health Centre, Saint John; (4) Miss Mabel McMullen, St. Stephen.

Nova Scotia: (1) Miss Anne Slattery, Box 173, Windsor, (2) Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax; (3) Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax; (4) Miss Jean S. Trivett, 71 Cobourg Road, Halifax.

Ontario: (1) Miss Marjorie Buck, Norfolk Hospital, Simcoe; (2) Miss S. M. Jamieson, Peel Memorial Hospital, Brampton; (3) Mrs. Agnes Haygarth, 21 Sussex St., Toronto; (4) Miss Clara Brown, 23 Kendal Ave., Toronto.

Prince Edward Island: (1) Miss Lillian Pidgeon, Prince Co. Hospital, Summerside; (2) Miss F. Lavers, Prince Co. Hospital, Summerside; (3) Miss I. Gillan, 59 Grafton St., Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown,

Quebec: (1) Miss C. V. Barrett, Royal Victoria Hospital, Montreal; (2) Miss Martha Batson, Montreal General Hospital, Montreal; (3) Miss Marion Nash, 1246 Bishop Street, Montreal; (4) Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Montreal.

Saskatchewan: (1) Miss Elizabeth Smith, Normal School, Moose Jaw; (2) Miss G. M. Watson, City Hospital, Saskatoon; (3) Mrs. E. M. Feeny, Dept. of Public Health, Parliament Bldgs, Regina; (4) Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon.

CHAIRMEN NATIONAL SECTIONS

Nursing Education: Miss G. M. Fairley, Vancouver General Hospital, Vancouver; Public Health: Miss M. Moag, 1246 Bishop St., Montreal; Private Duty: Miss Isabel MacIntosh, 281 Park St. S., Hamilton.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES' ASSOCIATION

NURSING EDUCATION SECTION

Chairman: **Miss G. M. Fairley, Vancouver General Hospital, Vancouver;** Vice-Chairman: **Miss M. F. Gray, University of British Columbia, Vancouver;** Secretary: **Miss E. F. Upton, Suite 221, 1396 St. Catherine St. West, Montreal;** Treasurer: **Miss M. Blanche Anderson, Ottawa Civic Hospital, Ottawa,**

Councillors—**Alberta:** Miss J. Connal, General Hospital, Calgary. **Manitoba:** Miss M. C. Macdonald, 668 Bannatyne Ave., Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hotel Dieu, Campbellton. **Nova Scotia:** Miss Elizabeth O. R. Browne, 612 Dennis Bldg., Halifax. **Ontario:** Miss S. M. Jamieson, Peel Memorial Hospital, Brampton. **Prince Edward Island:** Miss M. Lavers, Prince Co. Hospital, Summerside. **Quebec:** Miss Martha Batson, Montreal General Hospital, Montreal. **Saskatchewan:** Miss G. M. Watson, City Hospital, Saskatoon. Convener of Publications: Miss Mildred Reid, Winnipeg General Hospital, Winnipeg.

PRIVATE DUTY SECTION

Chairman: **Miss Isabel MacIntosh, 281 Park St. S., Hamilton;** Vice-Chairman: **Miss Mabel McMullen, Box 338, St. Stephen;** Secretary-Treasurer: **Mrs. Rose Hess, 139 Wellington Street, Hamilton.**

Councillors—**Alberta:** Miss Phyllis N. Gilbert, 113 25th Ave. W., Calgary. **British Columbia:** Miss M. Mirfield, Beachcroft Nursing Home, Victoria. **Manitoba:** Miss K. McCallum, 181 Enfield Cres., Norwood. **New Brunswick:** Miss Mabel McMullen, St. Stephen. **Nova Scotia:** Miss Jean Trivett, 71 Cobourg Road, Halifax. **Ontario:** Miss Clara Brown, 23 Kendal Ave., Toronto. **Prince Edward Island:** Miss M. Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss Sara Matheson, 2151 Lincoln Ave., Montreal. **Saskatchewan:** Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon. Convener of Publications: Miss Jean Davidson, Paris.

PUBLIC HEALTH SECTION

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Councillors—**Alberta:** Miss B. A. Emerson, 604 Civic Block, Edmonton. **British Columbia:** Miss M. Duffield, 175 Broadway East, Vancouver. **Manitoba:** Miss A. Laporte, St. Norbert. **New Brunswick:** Miss Ada Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Edith Fenton, Dalhousie Health Clinic, Morris St., Halifax. **Ontario:** Mrs. Agnes Haygarth, 21 Sussex St., Toronto. **Prince Edward Island:** Miss Ina Gillan, 59 Grafton St., Charlottetown. **Quebec:** Miss Marion Nash, 1246 Bishop St., Montreal. **Saskatchewan:** Mrs. E. M. Feeney, Dept. of Public Health, Parliament Buildings, Regina. Convener of Publications: Mrs. Agnes Haygarth, 21 Sussex St., Toronto.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munro, Royal Alexandra Hospital, Edmonton; First Vice-President, Mrs. de Satge, Holy Cross Hospital, Calgary; Second Vice-President, Miss S. Macdonald, General Hospital, Calgary; Secretary-Treasurer, Miss Kate S. Brighty, Administration Building Edmonton; Nursing Education Section, Miss J. Connal, General Hospital, Calgary; Public Health Section, Miss B. A. Emerson, 604 Civic Block, Edmonton; Private Duty Section, Miss Phyllis Gilbert, 113 25th Ave. W., Calgary.

BRITISH COLUMBIA

Graduate Nurses' Association of British Columbia

President, M. F. Gray, 3629 W. 2nd Ave., Vancouver; First Vice-President, E. G. Breeze; Second Vice-President, G. Fairley; Registrar, H. Randal, 516 Vancouver Block, Vancouver; Secretary, M. Kerr, 516 Vancouver Block, Vancouver; Conveners of Committees: Public Health, M. Duffield, 175 Broadway E., Vancouver; Private Duty, M. Mirfield, 516 Vancouver Block, Vancouver; Councillors, M. P. Campbell, M. Dutton, L. McAllister, K. Sanderson.

MANITOBA

Manitoba Ass'n of Registered Nurses

President, Miss Jean Houston, Ninette, Man.; 1st Vice-President, Miss M. Reid, Nurses Home, W.G.H. Winnipeg: 2nd Vice-President, Miss Christine McLeod, General Hospital, Brandon; 3rd Vice-President, Sister Krause, St. Boniface Hospital Board Members: Misses M. Lang, K. W. Ellis, C. Taylor, I. McDiarmid, M. Meehan, E. Shirley, E. Carruthers, K. McLearn, Sister Superior, Misericordia Hospital; Sister St. Albert, St. Joseph's Hospital; Miss J. Purvis, Portage la Prairie, General Hospital. Conveners of Sections: Nursing Education Section, Miss M. C. Macdonald, Central T. B. Clinic, 668 Bannatyne Ave., Winnipeg; Public Health Section, Miss A. Laporte, St. Norbert, Man.; Private Duty Section, Miss K. McCallum, 181 Enfield Crescent, Norwood, Man. Conveners of Committees: Legislative Committee, Miss C. Taylor; Directory Committee, Miss E. Carruthers; Social and Programme, Miss C. Billyard; Sick Visiting, Mrs. J. R. Hall; Treasurer and Registrar: Mrs. Stella Gordon Kerr, 753 Wolseley Ave., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital; First Vice-President, Miss Margaret Murdoch, Saint John General Hospital; Second Vice-President, Miss Myrtle E. Kay, 21 Austin St., Moncton; Honorary Secretary, Rev. Sister Kenny, Hotel-Dieu Hospital, Chatham; *Council Members:* Saint John, Miss Florence Coleman, County Hospital, East Saint John, Miss H. S. Dykeman, Health Centre, Saint John; Saint Stephen, Miss Mabel McMullen, St. Stephen; Moncton, Miss Myrtle E. Kay, 21 Austin St., Moncton; Fredericton, Mrs. A. G. Woodcock, Victoria Public Hospital, Fredericton, N.B.; Woodstock, Miss Elsie Tulloch, Fisher Memorial Hospital, Woodstock, N.B.; Conveners—*Public Health Section:* Miss Ada A. Burns, Health Centre, Saint John, N.B.; *Private Duty Section:* Miss Mabel McMullen, St. Stephen; *Nursing Education Section:* Sister Kerr, Hotel-Dieu Hospital, Campbellton; *Committee Conveners:* Canadian Nurse, Miss Kathleen Lawson, 84 Wright St., Saint John, N.B.; Constitution and By-Laws, Miss S. E. Brophy, Health Centre, Saint John, N.B.; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St., West Saint John.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Anne Slattery, Windsor; First Vice-President, Miss Victoria Winslow, Halifax; Second Vice-President, Miss Marion Boa, New Glasgow; Third Vice-President, Sister Anna Seton, Halifax; Recording Secretary, Mrs. Donald Gillis, 123 Vernon St., Halifax; Treasurer and Registrar, Miss L. F. Fraser, 10 Eastern Trust Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated 1925)

President, Miss Marjorie Buck, Norfolk Genera Hospital, Simcoe; First Vice-President, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Second Vice-President, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Miss Matilda E. Fitagerald, 380 Jane St., Toronto; Chairman, Nurse Education Section, Miss S. Margaret Jamieson, Peel Memorial Hospital, Brampton; Chairman, Private Duty Section, Miss Clara Brown, 23 Kendal Ave., Toronto; Chairman, Public Health Section, Mrs. Agnes Haygarth, Provincial Department of Health, Parliament Bldgs., Toronto; *District No. 1:* Chairman, Miss Priscilla Campbell, Public General Hospital, Chatham; Secretary Treasurer, Miss Lila Curtis, 78 Forest St., Chatham; *Districts 2 and 3:* Chairman, Miss Jessie M. Wilson, General Hospital, Brantford; Secretary-Treasurer, Miss Edith Jones, 253 Grenwich St., Brantford; *District No. 4:* Chairman, Miss Constance Brewster, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Eva Barlow, 211 Stinson St., Hamilton; *District No. 5:* Chairman, Miss Dorothy Mickleborough, Provincial Dept., of Health, Parliament Bldgs., Toronto; Secretary-Treasurer, Miss Irene Weirs, 198 Manor Road East, Toronto; *District No. 6:* Chairman, Miss Rebecca Bell, General Hospital, Port Hope; Secretary-Treasurer, Miss Dorothy MacBrien, Nicholls Hospital, Peterboro; *District No. 7:* Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Olivia Wilson, General Hospital, Kingston; *District No. 8:* Chairman, Miss Dorothy Percy, Rm. 321, Jackson Bldg., Ottawa; Secretary-Treasurer, Miss A. G. Tanner, Civic Hospital, Ottawa; *District No. 9:* Chairman, Miss Katherine MacKenzie, 155 Second Ave. W., North Bay; Secretary-Treasurer, Miss Robena Buchanan, 197 First Ave. E., North Bay; *District No. 10:* Chairman, Mrs. Marion Edwards, 226 N. Harold St., Fort William; Secretary-Treasurer, Miss Ethel Stewardson, McKellar General Hospital, Fort William.

District No. 8 Registered Nurses Association of Ontario

Chairman: Miss D. M. Percy, Vice-Chairman; Miss M. B. Anderson; Secretary-Treasurer, Miss A. G. Tanner, Ottawa Civic Hospital; Councillors, Misses E. C. McIlraith, M. Graham, M. Slinn, A. Brady, M. Robertson, R. Pridmore; Conveners of Committees, Membership, Miss E. Rochon; Publications, Miss E. C. McIlraith; Nursing Education, Miss M. E. Acland; Private Duty, Miss J. L. Church; Public Health, Miss M. Robertson.

District 10, Registered Nurses Association of Ontario

Chairman: Mrs. F. M. Edwards; Vice-Chairman, Miss V. Lovelace; Secretary-Treasurer, Miss E. Stewardson, McKellar Hospital, Fort William; Councillors: Nurse Education, Miss B. Bell; Publication, Miss Robinson; Private Duty, Miss Elliott; Public Health, Miss Hamilton; Membership, Miss Chivers Wilson and Miss Flannigan.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated 1920)

Advisory Board, Misses Mary Samuel, L. C. Phillips. M. F. Hersey, Bertha Harmer, M. A. Mabel Clint, Rev. Mere M. A. Allaire, Rev. Soeur Augustine;

President, Miss Caroline V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice President (English), Miss Margaret Moag, V.O.N., 1246 Bishop Street, Montreal; Vice-President (French), Rev. Soeur Allard, Hotel-Dieu de St. Joseph, Montreal; Hon. Secretary, Miss Elsie Allder, Royal Victoria Hospital; Hon. Treasurer, Miss Marion E. Nash, V.O.N., 1246 Bishop Street, Montreal. Other members: Miss Mabel K. Holt, The Montreal General Hospital, Mademoiselle Edna Lynch, Nursing Supervisor, Metropolitan Life Insurance Co., Montreal, Miss Sara Matheson, Apt. 24, 2151 Lincoln Ave., Miss Charlotte Nixon, 2276 Old Orchard Ave., Montreal, Rev. Soeur St. Jean-de-l'Eucharistie, Hopital Notre Dame, Montreal. Conveners of Sections: Private Duty (English), Miss Sara Matheson, Apt. 24, Haddon Hall Apts., 2151 Lincoln Ave., Montreal; (French) Mlle Alice Lepine, Hopital Notre Dame, Montreal; Nursing Education (English) Miss Martha Batson, The Montreal General Hospital, (French) Rev. Soeur Augustine, Hopital St Jean-de-Dieu, Gamelin, P.Q.; Public Health, Miss Marian Nash, V.O.N., Bishop Street, Montreal; Board of Examiners, Miss C. V. Barrett (Convener), Royal Victoria Maternity Hospital, Montreal, Mme R. D. Bourque, Universite de Montreal (Ecole d'Hygiene Appliquee), Melles Edna Lynch, Apt. 3, 4503 rue St-Denis, Montreal, Laura Senecal, Hopital Notre Dame, Misses Rita Sutcliffe, 4635 Queen Mary Road, Montreal, Marion Lindeburgh, School for Graduate Nurses, McGill University, Montreal, Olga V. Lilly, Royal Victoria Montreal Maternity Hospital, Montreal; Executive Secretary, Registrar and Official School Visitor: Miss E. Frances Upton, Suite 221, 1396 St. Catherine St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1927)

President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss R. M. Simpson, Department of Public Health, Regina; Second Vice-President, Miss M. McGill, Normal School, Saskatoon; Councillors, Sister Mary Raphael, Providence Hospital, Moose Jaw, Miss G. M. Watson, City Hospital, Saskatoon; Conveners of Standing Committees: Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Public Health, Mrs. E. M. Feeny, Department of Public Health Regina; Private Duty, Miss M. R. Chisholm, 805 7th Ave. N., Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President Dr. H. A. Gibson; President, Miss P. Gilbert; First Vice-President, Miss K. Lynn; Second Vice-President, Miss F. Shaw; Recording Secretary, Mrs. F. V. Kennedy; Corresponding Secretary, Miss K. Shore; Treasurer, Miss M. Watt; Convener Private Duty Section, Miss P. Gilbert; Registrar, Miss D. Mott, 2219 2nd St. W.

Edmonton Association of Graduate Nurses

President, Miss Ida Johnson; First Vice-President, Miss P. Chapman; Second Vice-President, Miss E. Fenwick; Recording Secretary, Miss Violet Chapman, Royal Alexandra Hospital, Edmonton; Press and Corresponding Secretary, Miss Clow, 11138 Whyte Ave., Edmonton; Treasurer, Miss M. Staley, 9838-108th St., Edmonton; Registrar, Miss Sproule, 11138 Whyte Ave., Edmonton.

Medicine Hat Graduate Nurses Association

President, Miss M. Hagerman; First Vice-President, Miss Gilchrist; Second Vice-President, Miss J. Jorgenson; Secretary, Miss May Reid, Nurses' Home; Treasurer, Miss F. Ireland, 1st St.; Medicine Hat; Committee Conveners: New Membership, Mrs. C. Wright; Flower, Mrs. M. Tobin; Private Duty Section, Mrs. Chas. Pickering; Correspondent, "*The Canadian Nurse*", Miss F. Smith. Regular meeting first Tuesday in month.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Mrs. J. P. Gussin; First Vice-President, Miss M. Madden; Second Vice-President, Miss P. Gausner; Third Vice-President, Miss A. Houston; Secretary-Treasurer, Miss M. McLeod, Box 905, Nelson, B.C.

Vancouver Graduate Nurses Association

President, Miss K. Sanderson, 1310 Jervis St., Vancouver; First Vice-President, Miss M. D. MacDermot, Preventorium, 2755-21st Ave. E., Vancouver; Second Vice-President, Miss J. Davidson; Secretary, Miss F. H. Walker, General Hospital, Vancouver; Treasurer, Miss L. G. Archibald, 536-12th Ave. W., Vancouver; Council, Misses G. M. Fairley, M. F. Gray, M. Duffield, J. Johnston, J. Kilburn; Conveners of Committees: Finance, Mrs. Farrington; Directory, Miss M. I. Teulon; Social, Miss M. I. Hall; Programme, Miss G. Archibald; Sick Visiting, Miss C. Cooper; Membership, Miss M. Mirfield; Local Council of Women, Misses M. F. Gray, M. Duffield; Press, Mrs. D. K. Simms.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Ludovic; President, Miss E. J. Herbert; First Vice-President, Miss D. Frampton; Second Vice-President, Miss C. McKenzie; Secretary, Miss I. Helgesen; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1035 Fairfield Road, Victoria; Executive Committee, Miss E. B. Strachan, Miss H. Cruikshanks, Miss E. McDonald, Miss C. Kenny, Miss E. Cameron.

MANITOBA

Brandon Graduate Nurses' Association

Hon. President, Miss E. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Miss E. G. McNally; First Vice-President, Miss Janet Anderson; Second Vice-President, Mrs. Lula Fletcher; Secretary, Miss Jessie Munro, 243 12th St.; Treasurer, Mrs. M. Long; Conveners of Committees: Social and Programme, Mrs. Eldon Hannah; Sick and Visiting, Mrs. Rowe Fisher; Welfare, Miss Gertrude Hall; Press Reporter, Miss Helen Morrison; Cook Book, Mrs. J. M. Kains; Registrar, Miss C. M. Macleod.

ONTARIO

Graduate Nurses Alumnae, Welland

Hon. President, Miss E. Smith, Superintendent, Welland General Hospital; Hon. Vice-President, Miss M. Hall, Welland General Hospital; President, Miss D. Saylor; Vice-President, Miss B. Saunders; Secretary, Miss M. Rinker, 28 Division St.; Treasurer, Miss B. Eller; Executive, Misses M. Peddie, M. Tufts, B. Clothier and Mrs. P. Brasford.

QUEBEC

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Montreal Graduate Nurses' Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop Street; First Vice-President, Miss Sara Matheson; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop Street; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. Advisory President, Miss Cora Keir; Hon. President, Miss Beth Smith; President, Mrs. M. Young; First Vice-President, Miss M. Armstrong; Second Vice-President, Miss L. French; Secretary Treasurer, Miss F. Caldwell, 262 Athabasca E.; Registrar, Miss C. Keir; Conveners of Committees: Nursing Education, Miss Last; Private Duty, Miss Wallace; Constitution and By-laws, Miss Lamond; Programme, Miss G. Taylor; Sick and Visiting, Miss McIntyre; Social, Miss Lowry; "The Canadian Nurse", Miss M. McQuarrie; Press Representative, Mrs. Philips.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital Edmonton

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President, Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

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A.A., Lamont Public Hospital

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BRITISH COLUMBIA

A.A. St. Paul's Hospital, Vancouver

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Amable; President, Miss B. Geddes; Vice-President, Miss R. McKernan; Secretary, Miss F. Treavor, Assistant Secretary, Miss V. Dyer; Treasurer, Miss B. Muir; Executive, Misses M. McDonald, E. Berry, I. Clark, V. Pearse, S. Christie, R. McGillivary, K. McDonald.

A.A., Vancouver General Hospital

Hon. President, Miss Grace Fairley; President, Mrs. G. E. Gillies; First Vice-President, Miss J. Hardy; Second Vice-President, Miss E. Erskine; Secretary Mrs. J Jones, 3681 2nd Ave. W.; Assistant Secretary, Miss M. Grainger; Treasurer, Miss A. Geary, 3176 West 2nd Ave.; Committee Conveners—Programme, Miss C. Tretheway; Bond, Miss D. Bullock; Sick Visiting, Miss O. Shore; Sewing, Mrs. R. Gordon; Membership, Miss F. Verchere; Sick Benefit Fund, Miss I. McVicar; Representatives: Local Press, Mrs. R. Gordon; V.G.N A., Miss Wilson.

A.A., Jubilee Hospital, Victoria

Hon. President, Miss L. Mitchell; President, Miss Jean Moore; First Vice-President, Mrs. Yorke; Second Vice-President, Miss J. Grant: Secretary, Mrs. A. Dowell, 30 Howe St.; Assistant Secretary, Miss J. Stewart; Treasurer, Miss C. Todd: Entertainment Committee, Miss I. Goward; Sick Nurse, Miss E. Newman.

MANITOBA

A.A., Children's Hospital, Winnipeg

Hon. President, Miss M. B. Allan; President, Miss Catherine Day; First Vice-President, Miss Edith Jarrett; Secretary, Miss Elsie Fraser, Children's Hospital, Winnipeg; Treasurer, Miss M. Hughes, 15 Mount Royal Apts., Winnipeg; Sick Visiting Committee, Miss M. Atkinson; Entertainment Committee, Mrs. Geo. Wilson.

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Nurses Home; President, Miss Clara Miller, 825 Broadway, Wpg.; First Vice-President, Miss H. Stephen, 15 Ruth Apts., Maryland St., Wpg.; Second Vice-President, Miss M. Madill, F. Ashford Blk., Wpg.; Secretary, Miss Jeannie Archibald, Shriners Hospital, Wpg.; Treasurer, Miss Etta Shirley, 14 King George Ct., Wpg.; Social Convener, Miss K. McCallum, 181 Enfield Cr., Norwood; Sick Visiting Convener, Miss B. Greville, 211 Hill St., Norwood; Rep. to Local Council of Women, Miss M. Rutley, 12 Eugenie Apts., Norwood; Representative to Press, Mrs. S. G. Kerr, 753 Wolseley Ave., Wpg.

A.A., Winnipeg General Hospital

Hon. President, Mrs. A. W. Moody, 97 Ash St.; President, Miss E. Parker, Ste. 25 Carlyle Apts., 580 Broadway; First Vice-President, Mrs. C. V. Combes, 530 Dominion St.; Second Vice-President, Miss J. McDonald, Deer Lodge Hospital; Third Vice-President, Miss E. Yussack, 867 Magnus Ave.; Recording Secretary, Miss J. Landy, Winnipeg General Hospital; Corresponding Secretary, Miss M. Graham, Winnipeg General Hospital; Treasurer, Miss M. C. McDonald, Central Tuberculosis Clinic; *Membership:* Miss I. Ramsay, Central Tuberculosis Clinic; *Sick Visiting*, Miss J. Morgan, 102 Rose St.; *Entertainment*, Mrs. C. McMillan, Hertford Blvd., Tuxedo; Editor of Journal, Miss R. Monk, 134 Westgate; Business Manager, Miss E. Timlick, Winnipeg General Hospital; *Special Committee*, Miss P. Brownell, 215 Chestnut St.

ONTARIO

BELLEVILLE

A.A., Belleville General Hospital

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BRANTFORD

A.A., Brantford General Hospital

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BROCKVILLE

A.A., Brockville General Hospital

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse", Miss V. Kendrick.

CHATHAM

A.A. Public General Hospital

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A.A., St. Joseph's Hospital

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CORNWALL

A.A., Cornwall General Hospital

Hon. President, Mrs. J. Boldick; President, Miss Mary Fleming; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Bernice McKillop; Secretary-Treasurer, Miss C. Droppo, Cornwall General Hospital; Representative: THE CANADIAN NURSE, Miss H. C. Wilson, Cornwall General Hospital.

GALT

A.A., Galt Hospital

President, Miss G. Rutherford; Vice-President, Mrs. F. L. Roelofson; Secretary, Miss L. MacNair, 91 Victoria Ave.; Treasurer, Miss A. McDonald; Flower Committee Convener, Miss E. Hyslop.

GUELPH

A.A., Guelph General Hospital

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HAMILTON

A.A., Hamilton General Hospital

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Helen Aitken; Vice-President, Mrs. Hess, 139 Wellington St.; Recording Secretary, Miss D. McRobbie, 9 Ontario Ave.; Corresponding Secretary, Miss E. Gayfer; Treasurer, Miss Helen Buhler, 549 Main St ; Secretary-Treasurer Mutual Benefit Association, Miss D. Watson, 145 Emerald St. S.; Legal Adviser, Mr. F. F. Treleaven; Executive Committee, Miss M. Buchanan (Convener), Mrs. M. Barlow, Misses J. Souter, Hannah, Livingstone, Helin; Programme Committee, Miss Dixon (Convener), Misses Murray, MacIntosh, Galloway, Bennett, Pegg; Flower and Visiting Committee, Miss M. Sturrock (Convener), Misses Squires and Burnett; Representatives to Local Council of Women, Miss Burnett (Convener), Mrs. Hess, Miss E. Buckbee, Miss C. Harley; Representative to R.N.-A.O., Miss G. Hall, Representatives to Registry Committee, Misses A. Nugent (Convener), Burnett, I. MacIntosh, Florence Leadley, E. Davidson, Margaret Clark, I. Buscombe, H. Aitken, Binkley, Pegg; Representative to Women's Auxiliary, Mrs. Stephen; Representatives to "The Canadian Nurse" Misses Scheifle, E. Bell, R. Burnett.

A.A., St. Joseph's Hospital, Hamilton

Hon.-President, Mother Martina; President, Miss Eva Moran; Vice-President, Miss F. Nicholson, Secretary; Miss Mabel MacIntosh, 48 Locomotive Street; Treasurer, Miss M. Kelly, 43 Gladstone Avenue; Representative Canadian Nurse: Miss B. Cronin, 103 Augusta Street; Representative R.N.A.O.: Miss J. Morin.

KINGSTON

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. A. Hearn; Secretary, Miss Olive McDermott; Treasurer, Miss Genevieve Pelow; Executive, Mrs. L. Cochrane, Misses K. McGarry, M. Cadden, J. O'Keefe; Visiting Committee, Misses N. Speagle, L. Sullivan, L. La Rocque; Entertainment Committee, Mrs. R. W. Clarke, Misses N. Hickey, B. Watson.

A.A., Kingston General Hospital

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; First Vice-President, Miss Carrie Milton; Second Vice-President, Miss Olivia M. Wilson; Third Vice-President Miss A. Walsh; Secretary, Miss Anne Davis, 464 Frontenac St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Convener Flower Committee, Mrs. Sidney Smith, 151 Alfred St.; Press Representative, Miss Mary Wheeler, Kingston General Hospital; Private Duty Section, Miss Constance Sandwith, 235 Alfred St.

KITCHENER

A.A., Kitchener and Waterloo General Hospital

Hon. President, Miss K. W. Scott; President, Mrs. Wm. Noll; First Vice-President, Mrs. W. Ziegler; Second Vice-President, Miss Elsie Trouse; Secretary, Miss Winnifred Nelson, Apt. D. 58 Albert St. N.; Assistant-Secretary, Miss Jean Sinclair; Treasurer, Miss M. Orr.

LINDSAY

A.A., Ross Memorial Hospital

Hon. President, Miss E. S. Reid; President, Miss O. Williamson; First Vice-President, Miss L. Harding; Second Vice-President, Miss D. Schofield; Treasurer, Mrs. V. Cresswell; Corresponding Secretary, Miss B. Robertson, 14 Russell St., W.; Flower Convener, Miss K. Mortimore; Social Convener, Mrs. G. Allen.

LONDON

A.A., St. Joseph's Hospital

Hon. President, Mother M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss Florence Connolly; First Vice-President, Miss Olive O'Neil; Second Vice-President, Miss Gertrude Dietrick; Recording Secretary, Miss Gladys Martin; Corresponding Secretary, Miss Irene Griffen; Treasurer, Miss Orpha Miller; Press Representative, Miss Madalene Baker; Representatives to Registry Board: Misses R. Rouatt, E. Armishaw, F. Connolly.

A.A., Victoria Hospital

Hon. President, Miss Hilda Stuart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. Ml Jones, 257 Ridout St. S., London; First Vice-President, Miss C. Gillies; Second Vice-President, Miss M. McLaughlin; Treasurer, Miss M. Thomas, 490 Piccadilly St., London; Secretary, Miss V. Ardiel, Corresponding Secretary, Miss G. Hardy, 645 Queen's Ave., London; Board of Directors, Misses Mortimer, Walker, Yule, Malloch, McGugan, Mrs. H. Smith.

NIAGARA FALLS

A.A., Niagara Falls General Hospital

Hon. President, Miss M. S. Park; President, Miss G Thorpe; First Vice-President, Miss H. Scholfield; Second Vice-President, Miss K. Prest; Secretary-Treasurer, Miss I. Hammond, 632 Ryerson Crescent, Niagara Falls; Corresponding Secretary, Miss F Loftus; Auditors, Mrs. M. Sharpe, Miss F. Loftus; Sick Committee, Miss V. Coutts, Miss A. Pirie and Mrs. J. Teal.

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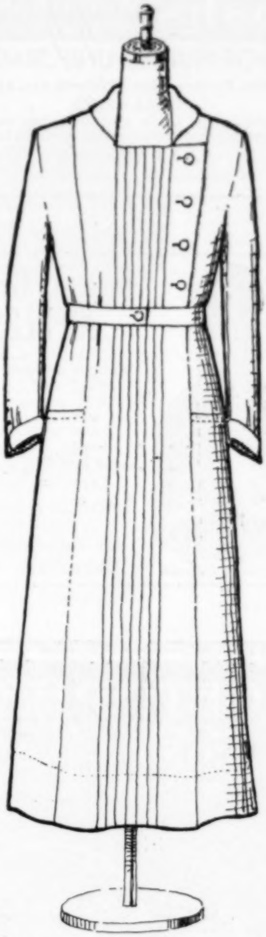

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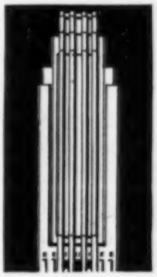

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